

63967201120100100

ANNUAL STATEMENT

For the Year Ended December 31, 2011 OF THE CONDITION AND AFFAIRS OF THE

Government Personnel Mutual Life Insurance Company 4712 (Prior Period) **NAIC Group Code** NAIC Company Code 63967 Employer's ID Number 74-0651020 4712 (Current Period) Organized under the Laws of Texas , State of Domicile or Port of Entry Texas Country of Domicile United States Incorporated/Organized May 15, 1934 Commenced Business October 9, 1934 Statutory Home Office 2211 N.E. Loop 410 San Antonio, TX 78217 (City or Town, State and Zip Code) (Street and Number) Main Administrative Office 2211 N.E. Loop 410 (Street and Number) 210-357-2222 San Antonio, TX (Telephone Number) (City or Town, State and Zip Code) (Area Code) Mail Address GPM Life Bldg - P.O. Box 659567 San Antonio, TX 78265-9567 (City or Town, State and Zip Code) (Street and Number or P.O. Box) 2211 N.E. Loop 410 210-357-2222 Primary Location of Books and Records San Antonio, TX 78217 (Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) Internet Web Site Address www.gpmlife.com **Statutory Statement Contact** Lourdes Mendoza 210-357-2222 X2809 (Area Code) (Name) (Telephone Number) (Extension) 210-357-6722 alm@gpmlife.com (E-Mail Address) **OFFICERS** Name Peter John Hennessey III Chairman of the Board, President and CEO 2 Charles Alan Ferguson Sr. VP, General Counsel and Secretary 3. Maria de Lourdes Mendoza Vice President and Treasurer **VICE-PRESIDENTS** Title Name Title Name Pamela A Hutchins Sr. Vice President and Chief Actuary William Martin Hoffman Sr. Vice President-Info. Systems Peter John Hennessey IV Sr. Vice President-Marketing Charles Alan Ferguson Sr. Vice President, General Counsel, and Secretary **DIRECTORS OR TRUSTEES** Peter John Hennessey III - Chairman Eugene Emil Habiger Maria de Lourdes Mendoza Susan Lewellyn Pamerleau Pamela A Hutchins Charles Alan Ferguson Neal Thomas Jaco James Rudolph Reed Roy Clark Boddy Peter John Hennessey IV State of Texasss County of Bexar The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. (Signature) (Signature) (Signature) Peter John Hennessey III Charles Alan Ferguson Maria de Lourdes Mendoza (Printed Name) (Printed Name) (Printed Name) 2. 3. Sr. VP, General Counsel and Secretary Chairman of the Board, President and CEO Vice President and Treasurer (Title) (Title) (Title) Subscribed and sworn to (or affirmed) before me on this _ , 2012, by __ day of ___ February [X]Yes []No a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached

DIRECT BUSINESS IN THE STATE OF: ALABAMA DURING THE YEAR 2011



03907201143001100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 1,339,543 510,285 1,849,828 Annuity considerations 1,925 1,925 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 1,341,468 510,285 1,851,753 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 24,017 24,017 6.2 Applied to pay renewal premiums 798 798 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 71,840 71,840 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 96,655 96,655 Annuities: Paid in cash or left on deposit 7.1 2,275 2,275 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 2.275 2.275 7.4 Grand Totals (Lines 6.5 plus Line 7.4) 8. 98,930 98,930 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 1,030,644 1,268,018 10. Matured endowments 1,000 1,000 11 Annuity benefits 1 044 1 044 Surrender values and withdrawals for life contracts 208.556 12. 208.556 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 1,748 1,748 1,242,992 237.374 15 Totals 1,480,366 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Industrial Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 12 115,568 288,251 19 403,819 17. Incurred during current year 107 1,040,451 28 244,062 135 1,284,513 Settled during current year: 1,269,018 18.1 By payment in full 1,031,644 28 237,374 102 130 18.2 By payment on compromised claims 18.3 Total paid 102 1,031,644 28 237,374 130 1,269,018 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 1,031,644 237,374 102 130 1,269,018 28 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 124,375 419,314 POLICY EXHIBIT No of Policies 2,474 51,680,707 236,004,890 287,685,597 20. In force December 31, prior year 2,474 (a) Issued during year 536 9,198,790 536 9,198,790 22 Other changes to in force (Net) (377) (5.697.998) (1.268.959) (377) (6.966.957) 23 In force December 31, current year 2,633 55,181,499 234,735,931 2.633 289,917,430

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

0, current year \$

Includes Individual Credit Life Insurance prior year \$

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	42,438	42,369		34,225	34,308
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	76,023	67,798		32,210	37,032
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	76,023	67,798		32,210	37,032
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.	6) 118,461	110,167		66,435	71,340

(b)	For health business on indicated lines report: Number of persons insured un-	der PPO managed care products	0
	and number of persons insured under indemnity only products	2.	

DIRECT BUSINESS IN THE STATE OF: ALASKA DURING THE YEAR 2011



03907201143002100

LIFE INSURANCE **NAIC Company Code NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 48,028 135,507 183,535 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 48,028 135,507 183,535 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 2,088 6.1 Paid in cash or left on deposit 2,088 6.2 Applied to pay renewal premiums 286 286 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 13,515 13,515 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 15,889 15,889 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 15,889 15,889 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 12. 26.286 26.286 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health Totals 26,286 26,286 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs. Amount Amount No Amount No. Amount Unpaid December 31, prior year 17. Incurred during current year 3 Settled during current year: 18.1 By payment in full 3 18.2 By payment on compromised claims 18.3 Total paid Δ 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 4,756,769 103,493,145 108,249,914 20. In force December 31, prior year 87 (a) 87 Issued during year 22 Other changes to in force (Net) (3) (30,429)(10,051,280) (3) (10,081,709) In force December 31, current year 84 4,726,340 93,441,865 98,168,205 Includes Individual Credit Life Insurance prior year \$ 0, current year \$

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	4,301	4,142		2,607	2,613
24.1						
24.2	Credit (Group and individual)					
24.3	Collectively renewable policies (b)					
	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)			l		
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		4,142		2,607	2,613

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: ARIZONA DURING THE YEAR 2011



63967201143003100

NAIC Group Code 4712		LI	FE IN	SURANCE			NAIC Company Code 63967			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	ı	2 Credit Life o and Individual)		3 Group	ln	4 dustrial		5 Total
Life insurance Annuity considerations Deposit-type contract funds		698,244		XXX		444,123		XXX		1,142,367
4. Other considerations 5. Totals (Lines 1 to 4)		698,244				444,123				1,142,367
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		22,410 5,068 88,044								22,410 5,068 88,044
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)		115,522								115,522
Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)		115,522								115,522
9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid		363,562 12,252 508,093				498,739				862,301 12,252 508,093
14. All other benefits, except accident & health		4,258				400 700				4,258
15. Totals DETAILS OF WRITE-INS		888,165		:		498,739				1,386,904
1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)			N	ION						
			ł	Credit Life		<u> </u>				
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	Ordinary 2	3 No. of Ind.	and Individual) 4	5	Group 6	7 7	dustrial 8	9	Total 10
INCURRED	No.	Amount	Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:	7	56,232 368,132			1	2,563 496,176			8	58,795 864,308
18.1 By payment in full 18.2 By payment on compromised claims	26	363,562			13	498,739			39	862,301
18.3 Total paid	26	363,562			13	498,739			39	862,301
18.4 Reduction by compromise18.5 Amount rejected										
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	26 5	363,562 60,802			13	498,739			39 5	862,301 60,802
POLICY EXHIBIT	3	00,002			No. of				3	00,002
 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31, current year 	1,125 24 (69) 1,080	64,381,410 3,030,434 (3,707,912) 63,703,932		(a)	Policies	235,249,494 (18,533,038) 216,716,456			1,125 24 (69) 1,080	299,630,904 3,030,434 (22,240,950 280,420,388

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0 ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	24,929	24,511		13,526	13,559
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)	360,206	330,465		188,785	214,735
25.3 Non-renewable for stated reasons only (b)		l		l	
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	360,206	330,465		188,785	214,735
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	385,135	354,976		202,311	228,294

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: ARKANSAS DURING THE YEAR 2011



63967201143004100

ANNUITY			I	0	I				I	
CONSIDERATIONS		Ordinary	(Grou	Credit Life p and Individual)		Group	l In	dustrial		Total
Life insurance		886,583	(0.00			167,369				1,053,95
2. Annuity considerations	1	202,379			1					202,379
Deposit-type contract funds				XXX				XXX		
Other considerations Totals (Lines 1 to 4)		1,088,962				167,369				1,256,33
RECT DIVIDENDS TO POLICYHOLDERS		,,.				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,
e Insurance:					İ					
.1 Paid in cash or left on deposit	1	17,449			1					17,44
.2 Applied to pay renewal premiums		2,895								2,89
.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		63,790								63,79
.4 Other										
.5 Totals (Sum of Lines 6.1 to 6.4)		84,134						,		84,13
.1 Paid in cash or left on deposit					1					
.2 Applied to provide paid-up annuities					1					
.3 Other										
.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4)		84,134								84,13
RECT CLAIMS AND BENEFITS PAID										
9. Death benefits		474,691			İ	27,828				502,51
Matured endowments	1				1					
Annuity benefits		49,547			ļ					49,54
 Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct 		193,208								193,20
claims and benefits paid					1					
4. All other benefits, except accident & health		3,756								3,75
5. Totals		721,202		<u> </u>		27,828				749,03
DETAILS OF WRITE-INS										
1. 2.					E					
3.			\ \	10N						
8. Summary of remaining write-ins for Line 13			_							
from overflow page 9. Totals (Lines 1301 through 1303 plus										
1398) (Line 13 above)										
 "		o "		Credit Life						T
DIRECT DEATH BENEFITS	1	Ordinary 2	(Grou	p and Individual) 4	5	Group 6	7 In	dustrial 8	9	Total 10
AND MATURED ENDOWMENTS		_	No. of Ind.	•						
INCURRED			Pols. & Gr.		No. of		.,	.		
Unpaid December 31, prior year	No.	Amount 20,000	Certifs.	Amount	Certifs.	Amount 1,275	No.	Amount	No.	Amount 21,27
Incurred during current year	52	506,864			3	26,553			55	533,41
ttled during current year:										
.1 By payment in full .2 By payment on compromised claims	48	474,691			1 4	27,828				502,51
.3 Total paid	48	474,691			4	27,828			52	502,51
.4 Reduction by compromise										
.5 Amount rejected	40	474.004			1	07.000				500.54
.6 Total settlements9. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	48	474,691 52,173			4	27,828			52 7	502,51 52,17
DLICY EXHIBIT					No. of					- ,
				1	Policies					
In force December 31, prior year	1,545	99,904,986		(a)		88,663,838			1,545	188,568,82
Issued during year Other changes to in force (Net)	(84)	5,527,828 (2,014,527)				(1,299,911)			(84)	5,527,82 (3,314,43
In force December 31, current year	1,501	103,418,287		(a)		87,363,927			1,501	190,782,21
	\$	0 , current year \$	•	0	•	•		•		

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	18,100	17,995		12,327	12,357
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees		l			
	Other Individual policies:					
25.1	Non-cancelable (b)		1			
25.2	Non-cancelable (b) Guaranteed renewable (b)	44,064	39,113		19,803	23,472
25.3	Non-renewable for stated reasons only (b)		l			
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	44,064	39,113		19,803	23,472
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	62,164	57,108		32,130	35,829

(b)	For health business on indicated lines report: Number of persons insured und	er PPO managed care products	 0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: CALIFORNIA DURING THE YEAR 2011



63967201143005100

	LIFE INSURANCE						NAIC Company Code 63967			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	(1 Ordinary		2 Credit Life o and Individual)		3 Group	In	4 dustrial		5 Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations		4,613,915 64,782		XXX		1,185,665		(XX		5,799,58 64,78
5. Totals (Lines 1 to 4)		4,678,697				1,185,665				5,864,36
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		193,812 56,202 887,912								193,81 56,20 887,91
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)		1,137,926								1,137,92
Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other		205								
7.4 Totals (Sum of Lines 7.1 to 7.3)		205								20
8. Grand Totals (Lines 6.5 plus Line 7.4)		1,138,131								1,138,13
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct		3,156,389 72,445 318,154 2,961,802				435,704				3,592,09 72,44 318,18 2,961,80
claims and benefits paid 14. All other benefits, except accident & health		64,375								64,3
15. Totals DETAILS OF WRITE-INS		6,573,165		:		435,704			<u> </u>	7,008,86
201					I					
 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) 			N	ION						
 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 			_	Credit Life						
302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	Ordinary 2	(Group 3 No. of Ind.		5	Group 6	In:	dustrial 8	9	Total 10
302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED			(Group	Credit Life o and Individual)						
302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year	1	2	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of	6	7	8	9	10
302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year 18.1 By payment in full 18.2 By payment on compromised claims	No. 20 147	Amount 203,001 3,192,639 3,228,834	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs. 15 48	6 Amount 449,928	7	8	9 No. 35	Amount 652,9 3,677,7 3,664,5
302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid	No. 20 147	Amount 203,001 3,192,639	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs. 15	6 Amount 449,928 485,153	7	8	9 No. 	10 Amount 652,9
302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full	No. 20 147	Amount 203,001 3,192,639 3,228,834	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs. 	Amount 449,928 485,153 435,704	7	8	9 No. 35 195	Amount 652,9 3,677,7 3,664,5
302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	1 No. 20 147 152 152	2 Amount 203,001 3,192,639 3,228,834 3,228,834 3,228,834	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs. 	6 Amount 449,928 485,153 435,704 435,704	7	8	9 No. 35 195 203 203	Amount 652,9 3,677,7 3,664,5 3,664,5 3,664,5
302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No. 20 147 152 152	2 Amount 203,001 3,192,639 3,228,834 3,228,834	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs	6 Amount 449,928 485,153 435,704 435,704	7	8	9 No. 35 195 203	Amount 652,9 3,677,7 3,664,5 3,664,5 3,664,5
302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	1 No. 20 147 152 152	2 Amount 203,001 3,192,639 3,228,834 3,228,834 3,228,834	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs	6 Amount 449,928 485,153 435,704 435,704	7	8	9 No. 35 195 203 203	Amount 652,9 3,677,7 3,664,5

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	22,660	22,265		20,276	20,325
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)		l			
25.2	Non-cancelable (b) Guaranteed renewable (b)	123	l			
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	123				
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		22,265		20,276	20,325

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	 		0
	and number of persons insured under indemnity only products	3.			

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

DIRECT BUSINESS IN THE STATE OF: COLORADO DURING THE YEAR 2011



63967201143006100

	L	FE IN		-			NAIC COIL	npany Code	639
(1 Ordinary				3 Group	In	4 dustrial		5 Total
			XXX		401,625		XXX		1,200,63 101,95
	900,966				401,625				1,302,59
	43,392 4,012 129,722								43,39 4,0 129,72
	177,126								177,1
	177,126								177,12
	360,857 68,593 532,644				444,972				805,8 68,5 532,6
	2,628								2,6
	304,722				444,972				1,409,6
	307,122	N	ION		444,912				1,409,69
			Credit Life						
1	Ordinary 2	(Group 3 No. of Ind.		5 No. of	Group 6	In 7	dustrial 8	9	Total 10
-	Ordinary	(Group	Credit Life o and Individual)	5 No. of Certifs.	Group 6			9 No.	Total 10
1	Ordinary 2	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of	Group 6	7	8	9	Total 10
1 No.	Ordinary 2 Amount	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs.	Group 6 Amount 229,640	7	8	9 No.	Total 10 Amount 229,6
No	Ordinary 2 Amount 368,857	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs.	Group 6 Amount 229,640 221,962	7	8	9 No. 	Total 10 Amount 229,6 590,8
No. 23 22 22	Ordinary 2 Amount 368,857 360,857	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs417	Group 6 Amount 229,640 221,962 444,972	7	8	9 No. 4 40	Total 10 Amount 229,6 590,8
1 No. 23 22 22	Ordinary 2 Amount 368,857 360,857 360,857	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs. 	Group 6 Amount 229,640 221,962 444,972 444,972	7	8	9 No. 4 4 40 	Total 10 Amount 229,6 590,8 805,8
No. 23 22 22	Ordinary 2 Amount 368,857 360,857	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs. 	Group 6 Amount 229,640 221,962 444,972 444,972	7	8	9 No. 4 40 40	Total 10 Amount 229,6 590,8 805,8
1 No. 23 22 22	Ordinary 2 Amount 368,857 360,857 360,857	(Group 3 No. of Ind. Pols. & Gr.	Credit Life o and Individual) 4	5 No. of Certifs	Group 6 Amount 229,640 221,962 444,972 444,972	7	8	9 No. 4 4 40 	Total 10 Amount 229,6 590,8
		Ordinary 799,012 101,954 900,966 43,392 4,012 129,722 177,126 177,126 360,857 68,593 532,644 2,628	Ordinary (Group 799,012 101,954 900,966 43,392 4,012 129,722 177,126 177,126 360,857 68,593 532,644 2,628	Credit Life (Group and Individual) 799,012 101,954 XXX 900,966 43,392 4,012 129,722 177,126 177,126 360,857 68,593 532,644 2,628	Credit Life (Group and Individual) 799,012 101,954 XXX 900,966 43,392 4,012 129,722 177,126 177,126 360,857 68,593 532,644 2,628	Ordinary Credit Life (Group and Individual) Group 799,012 401,625 101,954 XXX 900,966 401,625 43,392 4,012 129,722 129,722 177,126 444,972 68,593 532,644 2,628 2,628	Ordinary Credit Life (Group and Individual) Group In 799,012 101,954 401,625 401,625 900,966 401,625 401,625 43,392 4,012 129,722 4,012 177,126 444,972 1777,126 68,593 532,644 444,972 444,972	Ordinary Credit Life (Group and Individual) Group Industrial 799,012 101,954 401,625 XXX XXX 900,966 401,625 401,62	Ordinary Credit Life (Group and Individual) Group Industrial 799,012 101,954 401,625 401,625 900,966 401,625 401,625 43,392 4,012 129,722 4012 177,126 444,972 177,126 68,593 532,644 444,972 444,972

ı)	Includes Individual Credit Life Insurance prior year \$	0 , current year \$.0.	
	Includes Group Credit Life Insurance Loans less than o	r equal to 60 months at issue, prior year \$	0 , current year \$	
	Loans greater than 60 months at issue BUT NOT GREAT	ATER THAN 120 MONTHS prior year \$	0 , current year \$	0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	15,991	16,009		8,717	8,738
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)		l			
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)		l			
25.2	Non-cancelable (b) Guaranteed renewable (b)	15,323	13,966		5,894	7,057
25.3	Non-renewable for stated reasons only (b)		l		l	
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	15,323	13,966		5,894	7,057
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,314	29,975		14,611	15,795

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: CONNECTICUT **DURING THE YEAR 2011**



3. Deposit 4. Other c 5. Totals (DIRECT DIVII Life Insurance 6.1 Paid in 6.2 Applied 6.3 Applied the end 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8. Grand T DIRECT CLAI 10. Matured 11. Annuity 12. Surrend 12. Surrend 13. Aggrega 14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (ity considerations sit-type contract funds r considerations s (Lines 1 to 4) VIDENDS TO POLICYHOLDERS ce: in cash or left on deposit ed to pay renewal premiums ed to provide paid-up additions or shorten indowment or premium-paying period r s (Sum of Lines 6.1 to 6.4) in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID in benefits red endowments ity benefits render values and withdrawals for life contracts egate write-ins for miscellaneous direct is and benefits paid her benefits, except accident & health		1 Ordinary 250,006 19,440 269,446 12,369 2,555 28,197 43,121 87,902 231,838 251,620	(Grou	Credit Life p and Individual) XXX		3 Group 66,450 66,450		4 dustrial		5 Total 316,45 19,44 335,89 12,36 2,55 28,19 43,12
2. Annuity 3. Deposit 4. Other c 5. Totals (DIRECT DIVII Life Insurance 6.1 Paid in 6.2 Applied the end 6.3 Applied 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8. Grand T DIRECT CLAI 10. Matured 11. Annuity 12. Surrenc 13. Aggregiclaims a 14. All othe 15. Totals 301. 302. 303. 308. Summa from ov 3099. Totals (ity considerations sit-type contract funds r considerations s (Lines 1 to 4) VIDENDS TO POLICYHOLDERS ce: in cash or left on deposit ed to pay renewal premiums ed to provide paid-up additions or shorten indowment or premium-paying period r s (Sum of Lines 6.1 to 6.4) in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID In benefits red endowments ity benefits red endowments ity benefits reder values and withdrawals for life contracts egate write-ins for miscellaneous direct is and benefits, except accident & health s		19,440 269,446 12,369 2,555 28,197 43,121 87,902 231,838		XXX				XXX		19,44 335,89 12,36 2,55 28,19 43,12
3. Deposit 4. Other c 5. Totals (DIRECT DIVII Life Insurance 6.1 Paid in 6.2 Applied 6.3 Applied the end 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8. Grand T DIRECT CLAI 10. Matured 11. Annuity 12. Surrend 12. Surrend 13. Aggrega Laims a 14. All othe 15. Totals 301. 302. 303. 308. Summa from ov 3099. Totals (sit-type contract funds r considerations s (Lines 1 to 4) VIDENDS TO POLICYHOLDERS ce: in cash or left on deposit ed to pay renewal premiums ed to provide paid-up additions or shorten indowment or premium-paying period r s (Sum of Lines 6.1 to 6.4) in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID In benefits red endowments ity benefits red endowments ity benefits reder values and withdrawals for life contracts regate write-ins for miscellaneous direct s and benefits, except accident & health s		269,446 12,369 2,555 28,197 43,121 43,121 87,902 231,838		XXX		66,450		XXX		335,89 12,36 2,59 28,19 43,12
4. Other c 5. Totals (DIRECT DIVII ife Insurance 6.1 Paid in 6.2 Applied 6.3 Applied the end 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8. Grand T DIRECT CLAI 9. Death b 10. Matured 11. Annuity 12. Surrend 13. Aggregy claims a 14. All othe 15. Totals 301. 302. 303. 308. Summa from ov 309. Totals (r considerations s (Lines 1 to 4) VIDENDS TO POLICYHOLDERS ce: in cash or left on deposit ed to pay renewal premiums ed to provide paid-up additions or shorten indowment or premium-paying period r s (Sum of Lines 6.1 to 6.4) in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID in benefits red endowments ity benefits red endowments ity benefits reder values and withdrawals for life contracts regate write-ins for miscellaneous direct s and benefits, except accident & health s		269,446 12,369 2,555 28,197 43,121 43,121 87,902 231,838				66,450				12,3 2,5 28,1 43,1
5. Totals (DIRECT DIVII ife Insurance 6.1 Paid in 6.2 Applied 6.3 Applied the end 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8. Grand 7 DIRECT CLAI 9. Death b 10. Matured 11. Annuity 12. Surrend 13. Aggrega 14. All othe 15. Totals 301. 302. 303. 308. Summa from ov 309. Totals (s (Lines 1 to 4) VIDENDS TO POLICYHOLDERS ce: in cash or left on deposit ed to pay renewal premiums ed to provide paid-up additions or shorten indowment or premium-paying period s (Sum of Lines 6.1 to 6.4) in cash or left on deposit ed to provide paid-up annuities s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID in benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits, except accident & health s		12,369 2,555 28,197 43,121 43,121 87,902 231,838				66,450				12,3 2,5 28,1 43,1
DIRECT DIVII Life Insurance 6.1 Paid in 6.2 Applied 6.3 Applied 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8 Grand 7 DIRECT CLAI 9 Death b 10 Matured 11 Annuity 12 Surrend 13 Aggregicalims a 14 All othe 15 Totals 301. 302. 303. 398. Summa from ov 399. Totals (viDENDS TO POLICYHOLDERS ce: in cash or left on deposit ed to pay renewal premiums ed to provide paid-up additions or shorten indowment or premium-paying period r s (Sum of Lines 6.1 to 6.4) in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID in benefits red endowments ity benefits render values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits, except accident & health s		12,369 2,555 28,197 43,121 43,121 87,902 231,838				00,450				12,3 2,5 28,1 43,12
Life Insurance 6.1 Paid in 6.2 Applied 6.3 Applied 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8. Grand 7 10. Matured 11. Annuity 12. Surrend 13. Aggrega 14. All other 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (in cash or left on deposit ed to pay renewal premiums ed to provide paid-up additions or shorten indowment or premium-paying period r s (Sum of Lines 6.1 to 6.4) in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID in benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		2,555 28,197 43,121 43,121 87,902 231,838								2,51 28,11 43,12
6.1 Paid in 6.2 Applied 6.3 Applied 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8 Grand T DIRECT CLAI 10 Matured 11 Annuity 12 Surrend 13 Aggregiclaims a 14 All othe 15 Totals 301. 302. 303. 398 Summa from ov 399 Totals (in cash or left on deposit ed to pay renewal premiums ed to provide paid-up additions or shorten indowment or premium-paying period r s (Sum of Lines 6.1 to 6.4) in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID In benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct is and benefits, except accident & health s		2,555 28,197 43,121 43,121 87,902 231,838								2,51 28,11 43,12
6.2 Applied the end 6.3 Applied the end 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8 Grand 10 Matured 11. Annuity 12 Surrenc 13 Aggrega claims a 14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (ed to pay renewal premiums ed to provide paid-up additions or shorten indowment or premium-paying period r s (Sum of Lines 6.1 to 6.4) in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID in benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct is and benefits, except accident & health s		2,555 28,197 43,121 43,121 87,902 231,838								2,51 28,11 43,12
6.3 Applied the end 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8 Grand 10 Matured 11. Annuity 12. Surrenc 13. Aggregicalins at 14. All other 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (ed to provide paid-up additions or shorten indowment or premium-paying period or so (Sum of Lines 6.1 to 6.4) in cash or left on deposition deposition of the contract of the		28,197 43,121 43,121 87,902 231,838								28,1
the end 6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8 Grand T DIRECT CLAI 9 Death b 10 Matured 11 Annuity 12 Surrend 13 Aggregor claims a 14 All othe 15 Totals 301. 302. 303. 398. Summa from ov 399. Totals (ndowment or premium-paying period r s (Sum of Lines 6.1 to 6.4) in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID h benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		43,121 43,121 87,902 231,838								43,1
6.4 Other 6.5 Totals (Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8 Grand 7 DIRECT CLAI 9 Death b 10 Matured 11 Annuity 12 Surrend 13 Aggrega 14 All othe 15 Totals 301. 302. 303. 398. Summa from ov 399. Totals (in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID n benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		43,121 43,121 87,902 231,838								43,1
Annuities: 7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8 Grand 7 DIRECT CLAI 9 Death b 10 Matured 11 Annuity 12 Surrend 13 Aggrega claims a 14 All othe 15 Totals 301. 302. 303. 398. Summa from ov 399. Totals (in cash or left on deposit ed to provide paid-up annuities r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID n benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		43,121 87,902 231,838								
7.1 Paid in 7.2 Applied 7.3 Other 7.4 Totals (8 Grand 7 DIRECT CLAI 9 Death b 10 Matured 11 Annuity 12 Surrend 13 Aggregicalisms a 14 All othe 15 Totals 301. 302. 303. 398. Summa from ov 399. Totals (ed to provide paid-up annuities r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID n benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		87,902 231,838								43,1
7.2 Applied 7.3 Other 7.4 Totals (8 Grand 7 DIRECT CLAI 9 Death b 10 Matured 11 Annuity 12 Surrend 13 Aggregiclaims a 14 All othe 15 Totals 301. 302. 303. 398 Summa from ov 399 Totals (ed to provide paid-up annuities r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID n benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		87,902 231,838								43,1
7.3 Other 7.4 Totals (8. Grand Totals (9. Death b 10. Matured 11. Annuity 12. Surrend 13. Aggregiclaims a 14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (r s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID n benefits red endowments ity benefits under values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		87,902 231,838								43,1
7.4 Totals (8. Grand 9. Death b 10. Matured 11. Annuity 12. Surrenc 13. Aggregiclaims a 14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (s (Sum of Lines 7.1 to 7.3) d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID h benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		87,902 231,838								43,1
8. Grand Ton Proceedings of the second of th	d Totals (Lines 6.5 plus Line 7.4) AIMS AND BENEFITS PAID h benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		87,902 231,838								43,1
9. Death b 10. Maturet 11. Annuity 12. Surrenc 13. Aggregiclaims a 14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (AIMS AND BENEFITS PAID In benefits red endowments ity benefits under values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		231,838			-					
9. Death b 10. Matured 11. Annuity 12. Surrend 13. Aggregiclaims a 14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (n benefits red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		231,838								
10. Matured 11. Annuity 12. Surrend 13. Aggregic claims a 14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (red endowments ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s		231,838			1	4 500				00.4
11. Annuity 12. Surrenc 13. Aggreg- claims a 14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (ity benefits ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s						1,530				89,4
12. Surrenc 13. Aggrego claims a 14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (ender values and withdrawals for life contracts egate write-ins for miscellaneous direct s and benefits paid her benefits, except accident & health s										231,8
claims a 14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (s and benefits paid her benefits, except accident & health s										251,6
14. All othe 15. Totals 301. 302. 303. 398. Summa from ov 399. Totals (her benefits, except accident & health s										
301. 302. 303. 308. Summa from ov 3399. Totals (s										
301. 302. 303. 398. Summa from ov 399. Totals (3,486								3,4
302. 303. 398. Summa from ov 399. Totals (DETAILS OF WRITE-INS		574,846				1,530				576,3
302. 303. 398. Summa from ov 399. Totals (
303. 398. Summa from ov 399. Totals (
398. Summa from ov 399. Totals (10 N						
399. Totals (mary of remaining write-ins for Line 13										
	overflow page										
1398) (1	s (Lines 1301 through 1303 plus										
) (Line 13 above)										
		(Ordinary		Credit Life p and Individual)	-	Group	In	dustrial		Total
	DIRECT DEATH BENEFITS	1	2	3	4	5	6	7	8	9	10
Α	AND MATURED ENDOWMENTS			No. of Ind.		İ					
	INCURRED			Pols. & Gr.		No. of					
40 11 11		No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
	id December 31, prior year red during current year	1	7,494 118,217			3	1,530 450,000			2 8	9,0 568,2
	ng current year:		1			1 ,	450,000			· · · · · °	
18.1 By payr	,	4	87,902			1	1,530			5	89,4
18.2 By payr	ayment on compromised claims										
18.3 Total pa		4	87,902			1	1,530			5	89,4
	ction by compromise										
18.5 Amount 18.6 Total se		4	87,902			1	1.520			-	00.4
	id Dec. 31, current year (Lines 16 + 17 - 18.6)	2	37,809			3	1,530 450,000			5	89,43 487,80
POLICY EXH	· · · · · · · · · · · · · · · · · · ·		0.,000			No. of	,			Ť	101,0
PULICT EXTI	MIDII					Policies					
20. In force	ce December 31, prior year	666	39,643,520		(a)	35100	44,837,209			666	84,480,7
	d during year	8	1,094,900		'	1				8	1,094,9
		(22)	(2,107,901)				(3,780,590)			(33)	(5,888,4
23. In force	r changes to in force (Net)	(33)	38,630,519		(a)		41,056,619			641	79,687,1

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	6,508	6,371		7,697	7,715
24.1						
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	50,031	43,955		40,285	48,237
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only	l				
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	50,031	43,955		40,285	48,237
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		50,326		47,982	55,952

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: DELAWARE DURING THE YEAR 2011



63967201143008100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 24,902 87,662 112,564 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 24,902 112,564 87,662 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 4,611 4,611 6.2 Applied to pay renewal premiums 202 202 Applied to provide paid-up additions or shorten 6.3 the endowment or premium-paying period 12,293 12,293 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 17,106 17,106 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 17,106 17,106 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 8,089 120,141 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 16.070 16.070 12. Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 264 264 112,052 Totals 24,423 136,475 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 63,495 63,495 17. Incurred during current year 8,089 58,557 66,646 Settled during current year: 112,052 120,141 18.1 By payment in full 8,089 18.2 By payment on compromised claims 18.3 Total paid 8,089 112,052 120,141 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 112,052 120,141 8,089 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 10,000 POLICY EXHIBIT No of Policies 2,415,407 45,663,657 48,079,064 20. In force December 31, prior year 137 137 (a) Issued during year 18 224,000 18 224,000

ı)	Includes Individual Credit Life Insurance prior year \$	0, current year \$.0		
	Includes Group Credit Life Insurance Loans less than or equal to 6	0 months at issue, prior year \$		0, current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER THA	N 120 MONTHS prior year \$		0, current year \$	0

(33,776)

2.605.631

(7)

22

23

Other changes to in force (Net)

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

(4.215.716)

41,447,941

(7)

148

(4.249.492)

44,053,572

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	3,542	3,485		4,023	4,033
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	13,619	10,062		4,229	5,064
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	13,619	10,062		4,229	5,064
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,161	13,547		8,252	9,097

(b)	For health business on indicated lines report: Number of persons insured under	er PPO managed care products	0
	and number of persons insured under indemnity only products	1.	

DIRECT BUSINESS IN THE STATE OF: DISTRICT OF COLUMBIA DURING THE YEAR 2011



63967201143009100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 213,176 15,015 228,191 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. 213,176 15,015 228,191 Totals (Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 2,928 6.1 Paid in cash or left on deposit 2,928 6.2 Applied to pay renewal premiums 88 88 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 24,872 24,872 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 27,888 27,888 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 27,888 27,888 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 76,707 79,257 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 73.412 12. 73.412 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 150,119 15 Totals 2,550 152,669 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 16,704 1,538 18,242 17. Incurred during current year 60,003 1,012 3 61,015 Settled during current year: 18.1 By payment in full 76,707 2,550 79,257 5 18.2 By payment on compromised claims 18.3 Total paid 1 76,707 2,550 79,257 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 2,550 76,707 79,257 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 20. In force December 31, prior year 21,686,216 9,861,980 31,548,196 370 (a) 370 Issued during year 10,000 10,000 22 Other changes to in force (Net) (21)(1.180.292) (4.441.787 (21) (5.622.079) In force December 31, current year 349 20,515,924 5,420,193 349 25,936,117 Includes Individual Credit Life Insurance prior year \$ 0, current year \$

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)				296	296
	Federal Employees Health Benefits Program					
24.2	premium (b) Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)	l	l	1		
25.3	Non-renewable for stated reasons only (b)		l			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)				296	296

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	 		0
	and number of persons insured under indemnity only products	0.			

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: FLORIDA DURING THE YEAR 2011



03907201143010100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 3,702,933 1,792,970 5,495,903 Annuity considerations 79,050 79,050 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 3,781,983 1,792,970 5,574,953 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 138,165 138,165 6.2 Applied to pay renewal premiums 27.654 27.654 Applied to provide paid-up additions or shorten 6.3 the endowment or premium-paying period 386,642 386,642 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 552,461 552.461 Annuities: 7.1 Paid in cash or left on deposit 6 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 6 6 8. Grand Totals (Lines 6.5 plus Line 7.4) 552,467 552,467 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 1,684,229 3,746,273 10. Matured endowments 20,613 20,613 11 Annuity benefits 707 504 707 504 Surrender values and withdrawals for life contracts 12. 1.172.288 1.172.288 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 6,908 6,908 2,062,044 Totals 3,591,542 5,653,586 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 10 99,009 569,418 38 668,427 17. Incurred during current year 130 1,881,086 72 1,573,041 202 3,454,127 Settled during current year: 2,062,044 3,766,886 18.1 By payment in full 125 1,704,842 85 210 18.2 By payment on compromised claims 18.3 Total paid 125 1,704,842 85 2,062,044 210 3,766,886 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 1,704,842 2,062,044 125 85 210 3,766,886 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 275,253 POLICY EXHIBIT No of Policies 382,935,151 814,283,716 1,197,218,867 20. In force December 31, prior year 5,834 5,834 (a) Issued during year 173 19,226,861 173 19,226,861

a)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equal to 60	0 months at issue, prior year \$		0, current year \$	(
	Loans greater than 60 months at issue BUT NOT GREATER THAN	I 120 MONTHS prior year \$		0, current year \$	0

(26.493.155)

375.668.857

(412)

5.595

22

23

Other changes to in force (Net)

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

(19.801.468)

794,482,248

(412)

5.595

(46.294.623)

1,170,151,105

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	189,977	189,007		135,114	135,444
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b)	116,624	105,009		70,845	
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	116,624	105,009		70,845	84,824
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	306,601	294,016		205,959	220,268

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	2.	

DIRECT BUSINESS IN THE STATE OF: GEORGIA **DURING THE YEAR 2011**



NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 2,741,076 1,056,133 3,797,209 Annuity considerations 19,297 19,297 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 1,056,133 2,760,373 3,816,506 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 40,002 40.002 6.2 Applied to pay renewal premiums 4.495 4.495 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 155,001 155,001 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 199,498 199,498 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 199,498 199,498 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 2,283,645 1,350,882 10. Matured endowments 11 Annuity benefits 93 177 93 177 Surrender values and withdrawals for life contracts 12. 677.569 677,569 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 8,373 8,373 932,763 Totals 2,130,001 3,062,764 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 70,000 94,038 19 164,038 17. Incurred during current year 101 1,402,418 32 904,750 133 2,307,168 Settled during current year: 932,763 2,283,645 18.1 By payment in full 1,350,882 99 35 134 18.2 By payment on compromised claims 18.3 Total paid 99 1,350,882 35 932,763 134 2,283,645 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 99 1,350,882 932,763 134 2,283,645 35 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 121,536 POLICY EXHIBIT No of Policies 4,657 281,146,192 558,136,964 839,283,156 20. In force December 31, prior year 4,657 (a) Issued during year 753 25,079,683 753 25,079,683 22 Other changes to in force (Net) (501) (21,582,324) (25.966.097) (501) (47.548.421)

LIFE INSURANCE

1)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equal to 6	0 months at issue, prior year \$		0, current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER THAN	N 120 MONTHS prior year \$	0,	current year \$	0

284,643,551

4.909

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

532,170,867

4.909

816,814,418

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	63,037	62,780		95,704	95,938
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	353,573	321,731		235,056	268,108
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	353,573	321,731		235,056	268,108
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	416,610	384,511		330,760	364,046

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	2.	

DIRECT BUSINESS IN THE STATE OF: HAWAII DURING THE YEAR 2011



IAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 6396

NAIC Group Code 4712		LI	FE IN	SURANCE	=			NAIC Con	mpany Code 63967	
DIRECT PREMIUMS AND ANNUITY		1	1	2 Credit Life		3		4		5
CONSIDERATIONS	(Ordinary	(Grou	p and Individual)		Group	In	dustrial		Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations		664,220 1,746		XXX		209,300		XXX		873,520 1,746
5. Totals (Lines 1 to 4)		665,966		,		209,300				875,266
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other		6,583 8,180 64,970								6,583 8,180 64,970
6.5 Totals (Sum of Lines 6.1 to 6.4)		79,733								79,733
Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)		79,733								79,733
DIRECT CLAIMS AND BENEFITS PAID		.,								-,
9. Death benefits 10. Matured endowments		223,887				54,224				278,111
11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid		19,159 618,320								19,159 618,320
14. All other benefits, except accident & health										
15. Totals		861,366				54,224				915,590
DETAILS OF WRITE-INS										
1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)			N	ION						
				Credit Life						
DIDECT DEATH DENIFITE		Ordinary 2	(Grou	p and Individual) 4	5	Group	7 In	dustrial 8	9	Total 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	No. of Ind.	4) 3	6	'	0	9	10
INCURRED			Pols. & Gr.		No. of					
46 Hassid Dasseyhar 24	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year:	9	246,887			5	76,864			14	323,751
18.1 By payment in full 18.2 By payment on compromised claims	8	223,887			3	54,224				278,111
18.3 Total paid	8	223,887			3	54,224			11	278,111
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements	8	223,887			3	54,224			11	278,111
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	23,000			2	22,640			3	45,640
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31, current year	1,499 43 (115) 1,427	156,829,161 7,669,267 (13,996,463) 150,501,965		(a)		120,903,959 (8,036,619) 112,867,340			1,499 43 (115) 1,427	277,733,120 7,669,267 (22,033,082) 263,369,305

a)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equal to 60) months at issue, prior year \$		0, current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER THAN	120 MONTHS prior year \$		0, current year \$	0

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	2,355	2,273		1,012	1,014
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,355	2,273		1,012	1,014

(b)	For health business on indicated lines report: Number of persons insured under PPO managed care products	0
	and number of persons insured under indemnity only products 1.	

DIRECT BUSINESS IN THE STATE OF: IDAHO DURING THE YEAR 2011



03907201143013100

		LI	. –	SURANCE	-			NAIC COIL	npany Code	6396
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	(1 Ordinary	l	2 Credit Life o and Individual)		3 Group	In	4 dustrial		5 Total
1. Life insurance		98,681				93,832				192,513
Annuity considerations Deposit-type contract funds				XXX				(XX		
4. Other considerations 5. Totals (Lines 1 to 4)		98,681				93,832				192,513
DIRECT DIVIDENDS TO POLICYHOLDERS		00,001								102,010
Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten		5,240 178								5,240 178
the endowment or premium-paying period 6.4 Other		12,916								12,916
6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities:		18,334								18,334
 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 										
8. Grand Totals (Lines 6.5 plus Line 7.4)		18,334							 	18,334
DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits		47,405				20,686				68,091
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid		58,022								58,022
14. All other benefits, except accident & health		1,291								1,291
15. Totals	 	106,718			1	20,686	1		 	127,404
DETAILS OF WRITE-INS 1301.										
1302. 1303.				10N	E					
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus			ł	Credit Life						
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)		Ordinary 2	(Grou	and Individual)	5	Group		dustrial	0	Total
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus	1	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.		5 No. of	Group 6	In 7	dustrial 8	9	Total 10
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	(Grou 3 No. of Ind.	and Individual)	No. of Certifs.	6 Amount			No.	10 Amount
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year	1	2	(Grou 3 No. of Ind. Pols. & Gr.	o and Individual) 4	No. of	6	7	8		10
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 No.	2 Amount 3,000	(Grou 3 No. of Ind. Pols. & Gr.	o and Individual) 4	No. of Certifs.	6 Amount 2,500	7	8	No. 2	10 Amount 5,500
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid	No	2 Amount 3,000 44,405	(Grou 3 No. of Ind. Pols. & Gr.	o and Individual) 4	No. of Certifs.	6 Amount 2,500 19,461	7	8	No. 2	Amount 5,500 63,866
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected	No	2 Amount 3,000 44,405 47,405	(Grou 3 No. of Ind. Pols. & Gr.	o and Individual) 4	No. of Certifs1 9 9	6 Amount 2,500 19,461 20,686 20,686	7	8	No. 2 14 15 15	10 Amount 5,500 63,866 68,091
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	No	Amount 3,000 44,405 47,405	(Grou 3 No. of Ind. Pols. & Gr.	o and Individual) 4	No. of Certifs	6 Amount 2,500 19,461 20,686 20,686	7	8	No. 2 14 15 15	Amount 5,500 63,866 68,091 68,091
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected	No	2 Amount 3,000 44,405 47,405	(Grou 3 No. of Ind. Pols. & Gr.	o and Individual) 4	No. of Certifs. 1 9 9 9 1 1 No. of	6 Amount 2,500 19,461 20,686 20,686	7	8	No. 2 14 15 15	Amount 5,500 63,866 68,091
1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No	2 Amount 3,000 44,405 47,405	(Grou 3 No. of Ind. Pols. & Gr.	o and Individual) 4	No. of Certifs. 1 9 9 9 1	6 Amount 2,500 19,461 20,686 20,686	7	8	No. 2 14 15 15	10 Amount 5,500 63,866 68,091 68,091

(a)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0	
	Includes Group Credit Life Insurance Loans less than or equal to 6	0 months at issue, prior year \$	0 , current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER THAI	N 120 MONTHS prior year \$	0 , current year \$	0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	12,085	11,986		6,909	6,926
24.1						
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	16,671	15,003		9,348	11,193
25.3	Non-renewable for stated reasons only (b)				l	
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	16,671	15,003		9,348	11,193
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		26,989		16,257	18,119

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: ILLINOIS DURING THE YEAR 2011



03307201143014100

DIDECT DDEMILING AND										
DIRECT PREMIUMS AND ANNUITY		1		2 Credit Life		3		4		5
CONSIDERATIONS		Ordinary		p and Individual)		Group	ln	dustrial		Total
1. Life insurance		980,513				345,115				1,325,628
Annuity considerations Deposit-type contract funds				XXX				XXX		
Deposit-type contract funds Other considerations				. ^.^.^				^^^		
5. Totals (Lines 1 to 4)		981,394				345,115				1,326,509
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit		25,559								25,559
6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten		2,180								2,180
the endowment or premium-paying period		62,021			1					62,021
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)		89,760								89,760
Annuities: 7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities					1					
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)8. Grand Totals (Lines 6.5 plus Line 7.4)		89,760								89,760
DIRECT CLAIMS AND BENEFITS PAID		00,700		-						00,700
		383,465			1	144,140				E27 C06
Death benefits Matured endowments		363,403								527,605
11. Annuity benefits		9,312			: : : : : :					9,312
12. Surrender values and withdrawals for life contracts		166,260								166,260
Aggregate write-ins for miscellaneous direct claims and benefits paid					1					
14. All other benefits, except accident & health		154								154
15. Totals		559,191		<u>: : : : : : : : : : : : : : : : : : : </u>		144,140				703,331
DETAILS OF WRITE-INS										
1301										
1303.			· · · · · · · · · · · · · · · · · · ·	10N						
1000										
1398. Summary of remaining write-ins for Line 13										
from overflow page										
from overflow page 1399. Totals (Lines 1301 through 1303 plus			_	Credit Life						
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)		Ordinary 2	(Grou	Credit Life p and Individual)		Group		dustrial	0	Total
from overflow page 1399. Totals (Lines 1301 through 1303 plus	1	Ordinary 2	_	Credit Life	5	Group 6	In7	dustrial 8	9	Total 10
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS	1	2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of	6	7			10
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	(Grou	Credit Life p and Individual)	5	6 Amount			No.	10 Amount
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 No.	2 Amount 66,136	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs.	6 Amount 3,500	7	8	No. 7	10 Amount 69,636
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year:	No. 6	2 Amount 66,136 375,249	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs 1	6 Amount 3,500 163,029	7	8	No. 7	Amount 69,636 538,278
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full	1 No.	2 Amount 66,136	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs.	6 Amount 3,500	7	8	No. 7	10 Amount 69,636
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year 18.1 By payment in full 18.2 By payment on compromised claims	No. 6 44 41	Amount 66,136 375,249 383,465	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs	6 Amount 3,500 163,029 144,140	7	8	No	10 Amount 69,636 538,278 527,608
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise	No. 6	2 Amount 66,136 375,249	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs 1	6 Amount 3,500 163,029	7	8	No. 7	Amount 69,636 538,278
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected	No64441	2 Amount 66,136 375,249 383,465	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs	6 Amount 3,500 163,029 144,140 144,140	7	8	No. 7 52 49 49	10 Amount 69,636 538,276 527,606
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	No	2 Amount 66,136 375,249 383,465 383,465	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs	6 Amount 3,500 163,029 144,140 144,140	7	8	No. 7 52 49 49	10 Amount 69,636 538,276 527,606 527,606
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No64441	2 Amount 66,136 375,249 383,465	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs	6 Amount 3,500 163,029 144,140 144,140	7	8	No. 7 52 49 49	10 Amount 69,636 538,276 527,606
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	No	2 Amount 66,136 375,249 383,465 383,465	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs188	6 Amount 3,500 163,029 144,140 144,140	7	8	No. 7 52 49 49	10 Amount 69,636 538,276 527,606 527,606
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year	1 No. 64441419	2 Amount 66,136 375,249 383,465 383,465 57,920 50,813,913	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs	6 Amount 3,500 163,029 144,140 144,140	7	8	No	10 Amount 69,636 538,276 527,606 527,606 80,309
from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT	1 No. 6 44 41 41 9	2 Amount 66,136 375,249 383,465 383,465 383,465 57,920	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4 Amount	5 No. of Certifs	6 Amount 3,500 163,029 144,140 144,140 22,389	7	8	No. 7 52 49 49 10	10 Amount 69,636 538,276 527,606 527,606 80,306

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

1 2 3 Direct Dividends Paid or Credited on

			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	14,661	14,392		17,561	17,604
	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,766,755	1,746,078		1,215,787	1,412,600
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	1,766,755	1,746,078		1,215,787	1,412,600
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,760,470		1,233,348	1,430,204

(b)	For health business on indicated lines report: Number of persons insured under PPO managed care products	0
	and number of persons insured under indemnity only products 1.	

DIRECT BUSINESS IN THE STATE OF: INDIANA DURING THE YEAR 2011



03907201143013100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 500,637 191,151 691,788 Annuity considerations 299 299 3 Deposit-type contract funds XXX XXX Other considerations 4. 191,151 Totals (Lines 1 to 4) 500,936 692,087 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 16,491 16,491 6.2 Applied to pay renewal premiums 1,048 1.048 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 27,971 27,971 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 45,510 45,510 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 45,510 45,510 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 227,058 384,238 10. Matured endowments 11 Annuity benefits 50 197 50 197 Surrender values and withdrawals for life contracts 12. 47,354 47,354 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 1,816 1,816 157,180 15 Totals 326,425 483,605 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 16,648 24,534 41,182 17. Incurred during current year 20 276,340 8 132,646 28 408,986 Settled during current year: 227,058 18.1 By payment in full 10 157,180 26 384,238 16 18.2 By payment on compromised claims 18.3 Total paid 16 227,058 10 157,180 26 384,238 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 157,180 16 227,058 10 384,238 26 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 65,930 65,930 POLICY EXHIBIT No of Policies 43,834,129 116,621,676 160,455,805 20. In force December 31, prior year 793 (a) 793 Issued during year 66 2,013,900 66 2,013,900 22 Other changes to in force (Net) (68) (2.799.322) (10.596.458) (68) (13.395.780) In force December 31, current year 791 43,048,707 106,025,218 791 149,073,925

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

0 , current year \$

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	13,080	13,121		6,807	6,824
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)		l			
25.2	Non-cancelable (b)	19,251	13,757		4,588	5,494
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	19,251	13,757		4,588	5,494
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		26,878		11,395	12,318

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: IOWA DURING THE YEAR 2011



DIRECT PREMIUMS AND		1		2		3		4		5
ANNUITY CONSIDERATIONS	(Ordinary		Credit Life p and Individual)		Group	l In	dustrial		Total
Life insurance		73,930	(3.22			91,471				165,40
Annuity considerations Deposit-type contract funds		224		XXX						22
Other considerations Totals (Lines 1 to 4)		74,154				91,471				165,62
DIRECT DIVIDENDS TO POLICYHOLDERS	-									
ife Insurance:					İ					
6.1 Paid in cash or left on deposit		5,525								5,52
6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten		1,224								
the endowment or premium-paying period		14,931								14,93
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)		21,680								21,68
Annuities:		21,000								21,00
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities										
7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)		21,680								21,68
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits		55,218				167,049				222,26
Matured endowments Annuity benefits										
12. Surrender values and withdrawals for life contracts		44,352								44,3
Aggregate write-ins for miscellaneous direct claims and benefits paid										
All other benefits, except accident & health		367								36
15. Totals		99,937				167,049				266,98
DETAILS OF WRITE-INS 101.										
02.			N	10N						
198. Summary of remaining write-ins for Line 13										
from overflow page 99. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
,			1	Credit Life		_		<u> </u>		
DIRECT DEATH BENEFITS	1	Ordinary 2	(Grou	p and Individual) 4	5	Group 6	7 In	dustrial 8	9	Total 10
AND MATURED ENDOWMENTS	·	_	No. of Ind.	·						
INCURRED	No.	Amount	Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year				Amount	OCIUIO.	Amount		Amount	140.	
17. Incurred during current year	5	58,102				167,049			5	225,15
8.1 By payment in full	4	55,218				167,049			4	222,26
8.2 By payment on compromised claims						407.040				200.00
8.3 Total paid 8.4 Reduction by compromise	4	55,218		,		167,049			4	222,26
8.5 Amount rejected										
8.6 Total settlements19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	55,218 2,884				167,049			4	222,26 2,88
POLICY EXHIBIT		_,			No. of					_,-,-
					Policies					
In force December 31, prior year Issued during year	140 12	2,964,304 235,641		(a)		56,037,753			140	59,002,05 235,64
22. Other changes to in force (Net)	(15)	(158,772)				(3,497,326)			(15)	(3,656,09
23. In force December 31, current year	137	3,041,173	I	(a)		52,540,427			137	55,581,60

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	9,178	8,724		10,506	10,532
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)		l			
25.2	Non-cancelable (b)	104,177	98,302		63,653	73,041
25.3	Non-renewable for stated reasons only (b)		l			
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	104,177	98,302		63,653	73,041
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		107,026		74,159	83,573

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	 0	į
	and number of persons insured under indemnity only products	2.		

DIRECT BUSINESS IN THE STATE OF: KANSAS DURING THE YEAR 2011



DIRECT PREMIUMS AND		1		2		3		4		5
ANNUITY CONSIDERATIONS	(Ordinary		Credit Life p and Individual)		Group	In	dustrial		Total
1. Life insurance		219,333				237,185				456,51
Annuity considerations Deposit-type contract funds		4,600		XXX				XXX		4,60
4. Other considerations 5. Totals (Lines 1 to 4)		223,933				237,185				461,11
DIRECT DIVIDENDS TO POLICYHOLDERS		220,300				201,100				401,11
Life Insurance:										
6.1 Paid in cash or left on deposit		6,216								6,21
6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten		2,846								2,84
the endowment or premium-paying period		27,658								27,65
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)		36,720								36,72
Annuities:										
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4)		36,720								36,72
DIRECT CLAIMS AND BENEFITS PAID										,
9. Death benefits		79,385				137,946				217,33
10. Matured endowments		10,000								10,00
11. Annuity benefits12. Surrender values and withdrawals for life contracts		5,696 47,138								5,69 47,13
Aggregate write-ins for miscellaneous direct										
claims and benefits paid 14. All other benefits, except accident & health										
15. Totals		142,219				137,946		,		280,16
DETAILS OF WRITE-INS										
l301					-					
303.				10N						
398. Summary of remaining write-ins for Line 13 from overflow page			-							
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)						,				
,				Credit Life				i		
DIRECT DEATH BENEFITS	1	Ordinary 2	(Grou	p and Individual) 4	5	Group 6	7 In	dustrial 8	9	Total 10
AND MATURED ENDOWMENTS	•	_	No. of Ind.	·						
			Pols. & Gr.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
INCURRED	Nο	Amount	l Certifs		Our and.		110.	Tunount	1	6,00
16. Unpaid December 31, prior year	No.	Amount	Certifs.		1 1	6,000				244,86
Unpaid December 31, prior year Incurred during current year	No	Amount 92,385	Certifs.		9	152,476			16	
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full	No		Certifs.		9				16	227,33
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims		92,385 89,385	Certifs.		8	152,476 137,946			14	
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid		92,385	Certifs.			152,476				
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected	6	92,385 89,385 89,385	Certifs.		8	152,476 137,946 137,946			14	227,33
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements		92,385 89,385	Certifs.		8	152,476 137,946			14	227,33
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	92,385 89,385 89,385	Certifs.		8	152,476 137,946 137,946			14	227,33
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6 6	92,385 89,385 89,385 89,385 3,000	Certifs.		8 8 2	152,476 137,946 137,946 137,946 20,530			14	227,33 227,33 23,53
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	92,385 89,385 89,385	Certifs.	(a)	8 8 8 2 No. of	152,476 137,946 137,946			14	227,33 227,33 23,53 225,108,08
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year	6 6 1	92,385 89,385 89,385 3,000	Certifs.		8 8 8 2 No. of	152,476 137,946 137,946 137,946 20,530			14 14 3 3 431	227,33 227,33 227,33 23,53 225,108,08 453,50 17,521,39 243,082,98

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	15,948	16,121		14,975	15,012
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees	 				
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	36,060	30,229		14,063	15,576
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		30,229		14,063	15,576
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		46,350		29,038	30,588

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: KENTUCKY DURING THE YEAR 2011



03907201143010100

LIFE INSURANCE **NAIC Company Code NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 500,537 265,219 765,756 Annuity considerations 2,300 2,300 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 502,837 768,056 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 10,003 10,003 6.2 Applied to pay renewal premiums 734 734 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 35,014 35,014 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 45,751 45,751 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 45,751 45,751 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 215,982 486,002 10. Matured endowments 11 Annuity benefits 10 000 10 000 Surrender values and withdrawals for life contracts 12. 68.350 68.350 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 375 375 294,707 270,020 Totals 564,727 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 50,371 7,650 58,021 17. Incurred during current year 23 214,636 9 263,870 32 478,506 Settled during current year: 270,020 486,002 18.1 By payment in full 23 215,982 32 18.2 By payment on compromised claims 18.3 Total paid 23 215,982 9 270,020 32 486,002 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 215,982 23 9 270,020 32 486,002 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 49,025 50,525 POLICY EXHIBIT No of Policies 23,118,505 169,208,461 192,326,966 20. In force December 31, prior year 905 905 (a) Issued during year 160 1,253,586 160 1,253,586

a)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equal to 60) months at issue, prior year \$		0, current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER THAN	120 MONTHS prior year \$		0, current year \$	0

(1,028,537)

23,343,554

(76)

22

23

Other changes to in force (Net)

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

13 663 222

182,871,683

(76)

12.634.685

206,215,237

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	26,897	26,732		14,215	14,250
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b)	374,786	334,161		222,327	259,369
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	374,786	334,161		222,327	259,369
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		360,893		236,542	273,619

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: LOUISIANA DURING THE YEAR 2011



63967201143019100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 1,299,693 236,366 1,536,059 Annuity considerations 196,632 196,632 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 1,496,325 236,366 1,732,691 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 17,330 17.330 6.2 Applied to pay renewal premiums 2.937 2.937 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 84,994 84,994 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 105,261 105,261 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 105,261 105,261 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 660,071 120,764 780,835 10. Matured endowments 11 Annuity benefits 205 391 205 391 Surrender values and withdrawals for life contracts 12. 182.039 182.039 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 3,026 3,026 120,764 15 Totals 1,050,527 1,171,291 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 80,065 51,538 131,603 17. Incurred during current year 61 879,654 9 73,306 70 952,960 Settled during current year: 120,764 780,835 18.1 By payment in full 660,071 9 56 65 18.2 By payment on compromised claims 18.3 Total paid 56 660,071 9 120,764 65 780,835 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 56 660,071 9 120,764 65 780,835 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 299,648 303,728 POLICY EXHIBIT No of Policies 105,949,989 157,163,917 263,113,906 20. In force December 31, prior year 2,307 2,307 (a) Issued during year 66 4,589,937 66 4,589,937 22 Other changes to in force (Net) (135) (5.296.029) (4.954.134) (135) (10,250,163) In force December 31, current year 2,238 105,243,897 152,209,783 2.238 257,453,680

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0 ACCIDENT AND HEALTH INSURANCE

0 , current year \$

Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Gro	oup policies (b)	15,446	15,495		9,623	9,646
24.1 Fe	deral Employees Health Benefits Program					
24.2 Cre	edit (Group and Individual)					
24.3 Co	llectively renewable policies (b)					
24.4 Me	edicare Title XVIII exempt from state					
tax	tes or fees					
	Other Individual policies:					
25.1 No	n-cancelable (b)					
25.2 Gu	n-cancelable (b)	221,216	213,946		111,948	130,329
25.3 No	n-renewable for stated reasons only (b)					
25.4 Oth	her accident only					
25.5 All	other (b)					
25.6 To	tals (sum of Lines 25.1 to 25.5)	221,216	213,946		111,948	130,329
	tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	236,662	229,441		121,571	139,975

0 , current year \$

0

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: MAINE DURING THE YEAR 2011



63967201143020100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 67,736 67,587 135,323 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 67,736 67,587 135,323 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 12,194 12,194 6.2 Applied to pay renewal premiums 1,528 1.528 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 24,018 24,018 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 37,740 37,740 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 37,740 37,740 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 69,636 70,261 10. Matured endowments 11 Annuity benefits 90 410 90 410 Surrender values and withdrawals for life contracts 12. 44,150 44,150 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 544 544 204,740 Totals 625 205,365 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 17. Incurred during current year 9 69,636 625 10 70,261 Settled during current year: 18.1 By payment in full 69,636 625 10 70,261 18.2 By payment on compromised claims 18.3 Total paid 69,636 625 10 70,261 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 625 69,636 10 70,261 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 4,631,035 30,082,991 34,714,026 20. In force December 31, prior year 262 (a) 262 Issued during year 661,557 661,557 22 Other changes to in force (Net) (15) (108.551) (540.830) (15) (649.381) In force December 31, current year 253 5,184,041 29,542,161 34,726,202

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,663	4,635		7,734	7,753
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)	1				
25.2 Guaranteed renewable (b)	270,282	251,679		158,521	189,813
25.3 Non-renewable for stated reasons only (b)	1				
25.4 Other accident only	1				
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	270,282	251,679		158,521	189,813
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6		256,314		166,255	197,566

0 , current year \$

0 . current year \$

0

(b)	For health business on indicated lines report: Number of persons insured under PPO managed care products	 		 0
	and number of persons insured under indemnity only products 1.			

Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: MARYLAND DURING THE YEAR 2011



63967201143021100

NAIC Group Code 4712		Ll	FE IN	SURANCI	=			NAIC Con	npany Code	6396
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	(1 Ordinary		2 Credit Life o and Individual)		3 Group	In	4 idustrial		5 Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations		730,668 2,300		XXX		424,585		XXX		1,155,25 2,30
5. Totals (Lines 1 to 4)		732,968				424,585				1,157,55
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		33,403 5,182 117,763								33,40 5,18 117,76
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)		156,348				,				156,34
Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other		5								
7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4)		5 156,353								156,35
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts		455,706 16,528 389,178				137,210				592,91 16,52 389,17
Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident & health		9,435								9,43
15. Totals		870,847				137,210				1,008,05
DETAILS OF WRITE-INS										
1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)			N	ION						
				Credit Life				•		
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	Ordinary 2	3 No. of Ind. Pols. & Gr.	o and Individual) 4	5	Group 6	7 7	dustrial 8	9	Total 10
INCURRED	No.	Amount	Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year17. Incurred during current year	6 22	172,121 346,011			12	11,538 129,760			8	183,65 475,77
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims	24	455,706			12	137,210			36	592,91
18.3 Total paid	24	455,706			12	137,210			36	592,91
18.4 Reduction by compromise18.5 Amount rejected										
18.6 Total settlements	24	455,706			12	137,210			36	592,91
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT	4	62,426			No. of	4,088			6	66,51
20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31, current year	1,485 42 (85) 1,442	88,833,024 1,829,579 (7,422,818) 83,239,785		(a)	Policies	228,761,957 (2,372,988) 226,388,969			1,485 42 (85) 1,442	317,594,98 1,829,57 (9,795,80 309,628,75

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	28,060	28,328		36,621	36,710
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b)	154,868	123,636		76,818	91,982
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	154,868	123,636		76,818	91,982
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		151,964		113,439	128,692

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	3.	

DIRECT BUSINESS IN THE STATE OF: MASSACHUSETTS DURING THE YEAR 2011



63967201143022100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 403,154 100,615 503,769 Annuity considerations 303,700 303,700 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 100,615 706,854 807,469 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 24,264 24.264 6.2 Applied to pay renewal premiums 8.690 8.690 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 86,026 86,026 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 118,980 118,980 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 118,980 118,980 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 131,395 137,863 10. Matured endowments 11 Annuity benefits 846 405 846 405 Surrender values and withdrawals for life contracts 12. 172,225 172,225 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 971 14 All other benefits, except accident & health 971 1,150,996 1,157,464 15 Totals 6,468 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1399. 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 4,080 4,080 17. Incurred during current year 131,395 4 2,388 12 133,783 Settled during current year: 137,863 18.1 By payment in full 131,395 6 6,468 14 18.2 By payment on compromised claims 18.3 Total paid 131,395 6 6,468 14 137,863 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 6,468 137,863 131,395 14 6 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 48,873,118 62,520,563 111,393,681 20. In force December 31, prior year 884 884 (a) Issued during year 45 4,402,959 45 4,402,959 22 Other changes to in force (Net) (39) (1.628.980) 185 242 (39) (1,443,738)23 In force December 31, current year 890 51,647,097 62,705,805 890 114,352,902

a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0. current year \$ 0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	13,065	12,954		13,157	13,189
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	O					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,065	12,954		13,157	13,189

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: MICHIGAN DURING THE YEAR 2011



IAIC Group Code 4712		LIFE INSURANCE						NAIC Company Code 6396			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	1	2 Credit Life o and Individual)		3 Group	In	4 dustrial		5 Total	
Life insurance Annuity considerations Deposit-type contract funds Other considerations		612,431 87		XXX		182,645		XXX		795,07 8	
5. Totals (Lines 1 to 4)		612,518				182,645				795,16	
DIRECT DIVIDENDS TO POLICYHOLDERS								•			
Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		9,252 1,850 31,745								9,2 1,8 31,7	
6.4 Other		42,847								42,8	
6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)		42,041								42,0	
8. Grand Totals (Lines 6.5 plus Line 7.4)		42,847								42,84	
9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contract 13. Aggregate write-ins for miscellaneous direct		768,500 5 7,756 120,926				24,703				793,2 7,7 120,9	
claims and benefits paid 14. All other benefits, except accident & health											
15. Totals DETAILS OF WRITE-INS		897,187				24,703				921,89	
301. 302. 308. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)			N	ION							
300/		;		Credit Life				;			
		Ordinary	<u> </u>	and Individual)		Group		dustrial		Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind. Pols. & Gr.	4	5 No. of	6	7	8	9	10	
16. Unpaid December 31, prior year	No.	Amount 384,343	Certifs.	Amount	Certifs.	Amount 30,036	No.	Amount	No.	Amount 414,3	
17. Incurred during current year Settled during current year: 18.1 By payment in full	39	398,600 768,505			5	12,997			44	411,5 793,2	
18.2 By payment on compromised claims											
18.3 Total paid	. 40	768,505			5	24,703			45	793,2	
18.4 Reduction by compromise 18.5 Amount rejected		700 505	1		5	24,703			45 7	793,2 32,7	
 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 	40	768,505									
18.4 Reduction by compromise 18.5 Amount rejected		14,438			No. of Policies	18,330				32,1	

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	10,051	9,956		7,676	7,695
24.1						
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b)	1,393,590	1,222,958			681,362
25.3	Non-renewable for stated reasons only (b) Other accident only					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	1,393,590	1,222,958		574,113	681,362
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,232,914		581,789	689,057

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: MINNESOTA **DURING THE YEAR 2011**



LIFE INSURANCE

NAIC Group Code 4712			!!4	SURANCE					pany Code	6396
DIRECT PREMIUMS AND ANNUITY		1		2 Credit Life		3		4		5
CONSIDERATIONS	(Ordinary	(Grou	p and Individual)		Group	In	dustrial		Total
Life insurance Annuity considerations		94,871				98,407				193,27
Deposit-type contract funds Other considerations				XXX				XXX		
5. Totals (Lines 1 to 4)		94,871				98,407				193,27
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums		7,880								7,88
6.3 Applied to provide paid-up additions or shorten										
the endowment or premium-paying period		25,614			1					25,6
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities:		33,556		,						33,5
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities]					
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)8. Grand Totals (Lines 6.5 plus Line 7.4)		33,556								33,5
DIRECT CLAIMS AND BENEFITS PAID										00,00
9. Death benefits		84,360				11,033				95,39
10. Matured endowments										
11. Annuity benefits		1,244								1,2
12. Surrender values and withdrawals for life contracts		23,442								23,4
 Aggregate write-ins for miscellaneous direct claims and benefits paid 										
14. All other benefits, except accident & health		1,622								1,62
15. Totals		110,668				11,033		:		121,70
DETAILS OF WRITE-INS										
301										
303.				10N						
398. Summary of remaining write-ins for Line 13										
from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					1					
				Credit Life						
DIRECT DEATH BENEFITS	1	Ordinary 2	(Grou	p and Individual) 4	5	Group 6	7 In	dustrial 8	9	Total 10
AND MATURED ENDOWMENTS		_	No. of Ind.							
INCURRED			Pols. & Gr.		No. of					
16. Unpaid December 31, prior year	No.	Amount 5,000	Certifs.	Amount	Certifs.	Amount	No.	Amount	No. 1	Amount 5,00
17. Incurred during current year	6	79,360			4	11,033			10	90,39
Settled during current year: 18.1 By payment in full	-	04 260			4	11 022		-	44	05.20
18.2 By payment on compromised claims		84,360				11,033				95,39
18.3 Total paid	7	84,360			4	11,033			11	95,39
18.4 Reduction by compromise										
18.5 Amount rejected	7	84,360			4	11,033			11	95,39
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)		07,000				11,000				30,0
POLICY EXHIBIT					No. of					
20. In force December 31, prior year	198	3,936,357		(a)	Policies	55,826,804			198	59,763,16
21. Issued during year	2	20,000		ιω,		33,020,004			2	20,00
22. Other changes to in force (Net)	(12)	(141,874)			1	(3,054,187)			(12)	(3,196,06

ı)	Includes Individual Credit Life Insurance prior year \$	0 , current year \$.0.	
	Includes Group Credit Life Insurance Loans less than o	r equal to 60 months at issue, prior year \$	0 , current year \$	
	Loans greater than 60 months at issue BUT NOT GREAT	ATER THAN 120 MONTHS prior year \$	0 , current year \$	0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	11,874	11,730		13,728	13,761
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)		l			
25.2	Non-cancelable (b) Guaranteed renewable (b)	66,862	65,026		37,008	42,274
25.3	Non-renewable for stated reasons only (b)		l			
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	66,862	65,026		37,008	42,274
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	78,736	76,756		50,736	56,035

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: MISSISSIPPI **DURING THE YEAR 2011**



NAIC Group Code 4712		LI	FE IN	SURANCE				NAIC Con	npany Code	6396
DIRECT PREMIUMS AND ANNUITY		1		2 Credit Life		3		4		5
CONSIDERATIONS		Ordinary		p and Individual)		Group	ln	dustrial		Total
Life insurance		477,673			İ	209,299				686,972
2. Annuity considerations		11,858								11,858
Deposit-type contract funds Other considerations				XXX				XXX		
5. Totals (Lines 1 to 4)		489,531				209,299				698,830
DIRECT DIVIDENDS TO POLICYHOLDERS										555,555
Life Insurance:					1					
6.1 Paid in cash or left on deposit		16,550								16,55
6.2 Applied to pay renewal premiums		3,614								3,61
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		49,192								49,19
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)		69,356								69,35
Annuities:		09,330								03,30
7.1 Paid in cash or left on deposit	1		1		1		l			
7.2 Applied to provide paid-up annuities										
7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)		69,356								69,35
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	1	311,723			1	167,160				478,88
10. Matured endowments										
11. Annuity benefits		21,726								21,72
12. Surrender values and withdrawals for life contracts13. Aggregate write-ins for miscellaneous direct		27,892								27,89
claims and benefits paid										
14. All other benefits, except accident & health		345								34
15. Totals		361,686				167,160				528,84
DETAILS OF WRITE-INS										
301.302.303.398. Summary of remaining write-ins for Line 13 from overflow page			····•	ION						
399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)		-				:				
	,	Ordinary	1	Credit Life p and Individual)		Group	l In	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year		164,830			1	1,538			8	166,36
17. Incurred during current year	25	161,593			11	172,762			36	334,35
Settled during current year: 18.1 By payment in full	28	311,723			9	167,160			37	478,88
18.2 By payment on compromised claims										
18.3 Total paid	28	311,723			9	167,160			37	478,88
18.4 Reduction by compromise										
18.6 Total settlements	28	311,723			9	167,160			37	478,88
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	14,700			3	7,140			7	21,84
POLICY EXHIBIT					No. of					
					Policies					
20. In force December 31, prior year	973	46,628,643		(a)	t	106,654,288			973	
	973 49 (82)	46,628,643 1,227,676 (2,873,593)		(a)	t	106,654,288			973 49 (82)	153,282,93 1,227,67 (7,952,60

a)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0	
	Includes Group Credit Life Insurance Loans less than or equal to	60 months at issue, prior year \$	0 , current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER THA	AN 120 MONTHS prior year \$	0 , current year \$	0

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	14,304	14,045		10,779	10,805
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	204,393	199,935		131,250	151,149
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	204,393	199,935		131,250	151,149
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 +	25.6) 218,697	213,980		142,029	161,954

(b)	For health business on indicated lines report: Number of persons insured under	er PPO managed care products	0
	and number of persons insured under indemnity only products	1.	

DIRECT BUSINESS IN THE STATE OF: MISSOURI DURING THE YEAR 2011



63967201143026100

NAIC Group Code 4712		LI	FE IN	SURANCE				NAIC Con	npany Code	6396
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	1	2 Credit Life o and Individual)		3 Group	In	4 dustrial		5 Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations		322,728 2,550		XXX		291,379		XXX		614,107 2,550
5. Totals (Lines 1 to 4)		325,278				291,379				616,657
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		25,831 851 55,597								25,831 851 55,597
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)		82,279								82,279
Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4)		82,279								82,279
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits 10. Matured endowments 11. Annuity benefits		262,654				270,415				533,069
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid		101,547								101,547
14. All other benefits, except accident & health		4,277								4,27
15. Totals DETAILS OF WRITE-INS		387,879				270,415				658,294
1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus			N	ION	E					
1398) (Line 13 above)				Credit Life		i		i		
	_	Ordinary		and Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	No. of Ind. Pols. & Gr.	4	No. of	6	7	8	9	10
Unpaid December 31, prior year Incurred during current year	No. 2	Amount 31,000 265,324	Certifs.	Amount	Certifs.	Amount 1,530 278,005	No.	Amount	No. 3	Amount 32,530 543,329
Settled during current year: 18.1 By payment in full	13	262,654			7	270,415			20	533,069
18.2 By payment on compromised claims	13	262,654			7	270,415			20	533,069
18.4 Reduction by compromise 18.5 Amount rejected		202,007				2.0,110				
18.6 Total settlements	13	262,654			7	270,415			20	533,069
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT	4	33,670			No. of Policies	9,120			6	42,790
i e e e e e e e e e e e e e e e e e e e				(-)	ruicies	474 005 000		1		404 000 004
In force December 31, prior year Sued during year	666	23,073,145 3,288,948		(a)		171,925,089			666	194,998,234 3,288,948

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	54,394	53,801		53,352	53,482
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b)	955,959	892,353		586,998	644,419
25.3	Non-renewable for stated reasons only (b)		l			
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	955,959	892,353		586,998	644,419
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,010,353	946,154		640,350	697,901

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: MONTANA DURING THE YEAR 2011



63967201143027100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 27,150 43,994 71,144 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 43,994 71,144 27,150 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 3,514 3,514 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 12,028 12,028 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 15,542 15,542 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 15,542 15,542 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 3,060 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 7.011 12. 7.011 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 7,011 3,060 10,071 Totals DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount No. Amount Unpaid December 31, prior year 17. Incurred during current year 3,060 2 3,060 Settled during current year: 18.1 By payment in full 3,060 3,060 18.2 By payment on compromised claims 18.3 Total paid 3,060 3,060 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 3,060 3,060 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 1,394,501 29,622,327 31,016,828 20. In force December 31, prior year 49 (a) 49 Issued during year 22 Other changes to in force (Net) (1) (189)(2.135.310) (1) (2,135,499)In force December 31, current year 48 1,394,312 27,487,017 28,881,329

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

0, current year \$

Includes Individual Credit Life Insurance prior year \$

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	557	557		578	580
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees		l			
	Other Individual policies:					
25.1	Non-cancelable (b)		1			
25.2	Non-cancelable (b) Guaranteed renewable (b)	2,123	1,819		189	226
25.3	Non-renewable for stated reasons only (b)		l		l	
25.4	Other accident only	l	l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	2,123	1,819		189	226
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		2,376		767	806

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: NEBRASKA DURING THE YEAR 2011



63967201143028100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 64,209 109,740 173,949 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 109,740 173,949 64,209 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 3,469 3,469 6.2 Applied to pay renewal premiums 1,143 1.143 Applied to provide paid-up additions or shorten 6.3 the endowment or premium-paying period 9,535 9,535 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 14.147 14.147 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 14,147 14,147 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 50,230 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 784 12. 784 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 43,119 51,014 Totals 7,895 DETAILS OF WRITE-INS 1301. **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount No. Amount Unpaid December 31, prior year 17. Incurred during current year 42,335 5 37,895 80,230 Settled during current year: 18.1 By payment in full 42,335 7,895 6 50,230 18.2 By payment on compromised claims 18.3 Total paid 42,335 7,895 6 50,230 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 42,335 7,895 6 50,230 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 30,000 POLICY EXHIBIT No of Policies 2,158,922 74,334,677 76,493,599 20. In force December 31, prior year 130 130 (a) Issued during year 22 Other changes to in force (Net) (2) (40.375) 595 671 (2) 555.296

ı)	Includes Individual Credit Life Insurance prior year \$	0, current year \$.0		
	Includes Group Credit Life Insurance Loans less than or equal to 6	0 months at issue, prior year \$		0, current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER THA	N 120 MONTHS prior year \$		0, current year \$	0

2,118,547

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

74,930,348

128

77,048,895

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	8,819	8,637		6,721	6,738
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	387,758	379,131		272,813	322,628
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		379,131		272,813	322,628
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	396,577	387,768		279,534	329,366

(b)	For health business on indicated lines report: Number of persons insured under PPO managed care products	0
	and number of persons insured under indemnity only products 1.	

DIRECT BUSINESS IN THE STATE OF: NEVADA DURING THE YEAR 2011



63967201143029100

LIFE INSURANCE **NAIC Company Code NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 222,283 267,826 490,109 Annuity considerations 1,970 1,970 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 224,253 267,826 492,079 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 9,895 9,895 6.2 Applied to pay renewal premiums 139 139 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 53,041 53,041 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 63,075 63,075 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 63,075 63,075 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 95,184 771,310 10. Matured endowments 11 Annuity benefits 38 967 38 967 Surrender values and withdrawals for life contracts 12. 132.287 132,287 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 6,504 6,504 676,126 Totals 272,942 949,068 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Industrial Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount No. Amount Unpaid December 31, prior year 17. Incurred during current year 115,507 12 677,626 19 793,133 Settled during current year: 676,126 771,310 18.1 By payment in full 95,184 11 17 18.2 By payment on compromised claims 18.3 Total paid 95,184 11 676,126 17 771,310 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 95,184 771,310 6 11 676,126 17 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 20,323 POLICY EXHIBIT No of Policies 11,298,599 149,968,850 161,267,449 20. In force December 31, prior year 282 (a) 282 Issued during year 10 716,731 10 716,731 (15,246,532) 22 Other changes to in force (Net) (20) (613.836) (20) (15.860.368)

ı)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0			
	Includes Group Credit Life Insurance Loans less than or equal to	60 months at issue, prior year \$		0, current year \$	()
	Loans greater than 60 months at issue BUT NOT GREATER THA	N 120 MONTHS prior year \$		0, current year \$	0	

11,401,494

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

134,722,318

146,123,812

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	13,122	12,627		8,535	8,556
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	Other Individual policies:					
	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	l				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,122	12,627		8,535	8,556

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: NEW HAMPSHIRE DURING THE YEAR 2011



NAIC Group Code 4712				SURANCE					npany Code	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	,	1	1	2 Credit Life		3		4		5 Tatal
4 1 lfs incomes	(Ordinary	(Grou	o and Individual)		Group 54,176	In	dustrial		Total
Life insurance Annuity considerations		161,577 86,074				54,176				215,75 86,07
Deposit-type contract funds				XXX	1			XXX		
Other considerations					1					
5. Totals (Lines 1 to 4)		247,651				54,176				301,82
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:					1					
6.1 Paid in cash or left on deposit		11,500								
6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten		2,481								2,48
the endowment or premium-paying period		22,380			•				ŀ	22,38
6.4 Other					1					
6.5 Totals (Sum of Lines 6.1 to 6.4)		36,361								36,36
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)		36,361								36,36
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits		49,319			1	8,955				58,27
10. Matured endowments										
11. Annuity benefits		21,527								21,5
12. Surrender values and withdrawals for life contracts		1,828			1					1,8
13. Aggregate write-ins for miscellaneous direct										
claims and benefits paid										
14. All other benefits, except accident & health15. Totals		73,192				8,955				51 82,14
DETAILS OF WRITE-INS		70,102				- 0,000				02,11
301.			_			-				
302.										
303.			\ \	10N						
398. Summary of remaining write-ins for Line 13			_							
from overflow page						-				
399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
				Credit Life		i				
DIRECT DEATH BENEFITS	1	Ordinary 2	(Grou	and Individual)	5	Group 6	7 In	idustrial 8	9	Total
AND MATURED ENDOWMENTS	1	2	No. of Ind.	4) 3	6	'	0	9	10
INCURRED			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	49,319			2	8,955			4	58,27
Settled during current year: 18.1 By payment in full	2	49,319			2	0.055			4	58,27
18.2 By payment on compromised claims		1 49,519				8,955				
18.3 Total paid	2	49,319			2	8,955			4	58,2
18.4 Reduction by compromise										
18.5 Amount rejected					1					
18.6 Total settlements	2	49,319			2	8,955			4	58,2
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of					
20. In force December 31, prior year	412	22,715,760		(a)	Policies	28,939,743			412	51,655,50
21. Issued during year	11	2,875,402		(~)		20,000,170			11	2,875,40

1)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equal to 6	0 months at issue, prior year \$		0, current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER THAN	N 120 MONTHS prior year \$	0,	current year \$	0

(1,323,610)

24,267,552

(8) 415

22. Other changes to in force (Net)

23. In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

(2,161,050) 26,778,693 (8) 415 (3,484,660) 51,046,245

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	2,620	2,575		125	126
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)		l		l	
25.2	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)	316	50			
25.3	Non-renewable for stated reasons only (b)		l		l	
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	316	50			
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		2,625		125	126

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: NEW JERSEY DURING THE YEAR 2011



63967201143031100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 88,836 141,895 230,731 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. 141,895 230,731 Totals (Lines 1 to 4) 88,836 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 24,846 6.1 Paid in cash or left on deposit 24.846 6.2 Applied to pay renewal premiums 3.605 3.605 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 27,419 27,419 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 55,870 55,870 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 55,870 55,870 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 39,561 30,430 69,991 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 73.718 73.718 12. Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 271 271 113,550 30,430 15 Totals 143,980 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 26,300 26,300 17. Incurred during current year 56,134 2 7,130 63,264 Settled during current year: 18.1 By payment in full 39,561 3 30,430 69,991 18.2 By payment on compromised claims 18.3 Total paid 4 39,561 30,430 69,991 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 39,561 30,430 69,991 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 3,000 19,573 POLICY EXHIBIT No of Policies 4,038,112 94,313,600 98,351,712 20. In force December 31, prior year 253 253 (a) Issued during year 22 Other changes to in force (Net) (12) (144.077) (8.448.059) (12) (8.592.136) In force December 31, current year 241 3,894,035 85.865.541 241 89,759,576

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

0, current year \$

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	3,130	3,343		1,659	1,663
24.1						
24.2	Credit (Group and individual)					
24.3	Collectively renewable policies (b)		l			
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)			1		
25.3	Non-renewable for stated reasons only (b)		l	l		
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		3,343		1,659	1,663

(b)	For health business on indicated lines report: Number of persons insured under PPO managed care products	0
	and number of persons insured under indemnity only products 2.	

Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: NEW MEXICO DURING THE YEAR 2011



63967201143032100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 575,996 210,365 786,361 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 210,365 575,996 786,361 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 23,502 23.502 6.2 Applied to pay renewal premiums 1.848 1.848 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 65,420 65,420 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 90,770 90,770 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 90,770 90,770 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 432,659 697,288 10. Matured endowments 11 Annuity benefits 2 138 2 138 Surrender values and withdrawals for life contracts 12. 391.558 391.558 Aggregate write-ins for miscellaneous direct claims and benefits paid 11.625 14 All other benefits, except accident & health 11.625 264,629 Totals 837,980 1,102,609 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1399. 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 7,000 1,530 8,530 17. Incurred during current year 26 465,050 6 263,099 32 728,149 Settled during current year: 697,288 18.1 By payment in full 24 432,659 264,629 31 18.2 By payment on compromised claims 18.3 Total paid 24 432,659 264,629 31 697,288 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 432,659 264,629 24 31 697,288 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 39,391 39,391 POLICY EXHIBIT No of Policies 54,248,976 115,268,592 169,517,568 20. In force December 31, prior year 1,118 1,118 (a) Issued during year 23 3,309,179 23 3,309,179 22 Other changes to in force (Net) (80) (3.443.068) 5 024 517 (80) 1.581.449 23 In force December 31, current year 1.061 54,115,087 120,293,109 1.061 174,408,196

)	Includes Individual Credit Life Insurance prior year \$		0.	
	Includes Group Credit Life Insurance Loans less than	or equal to 60 months at issue, prior year $\$$	0 , current year \$	0
	Loans greater than 60 months at issue BUT NOT GRI	EATER THAN 120 MONTHS prior year \$	0 . current vear \$	0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	2,941	2,962		2,323	2,328
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)		(132)			
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)		(132)			
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,941	2,830		2,323	2,328

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: NEW YORK DURING THE YEAR 2011



63967201143033100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 144,500 249,397 393,897 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 144,500 249,397 393,897 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 13,613 13,613 6.2 Applied to pay renewal premiums 2.052 2.052 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 46,685 46,685 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 62,350 62,350 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 62,350 62,350 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 125,039 210,295 10. Matured endowments 11 Annuity benefits 2 507 2 507 Surrender values and withdrawals for life contracts 12. 61.882 61.882 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 189,428 274,684 Totals 85,256 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 47,974 150,000 197,974 17. Incurred during current year 78,254 (14,744) 12 63,510 Settled during current year: 210,295 18.1 By payment in full 12 125,039 6 85,256 18 18.2 By payment on compromised claims 18.3 Total paid 12 125,039 6 85,256 18 210,295 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 12 125,039 6 85,256 18 210,295 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 1,189 POLICY EXHIBIT No of Policies 6,088,912 161,027,108 167,116,020 20. In force December 31, prior year 323 323 (a) Issued during year (12,660.601 22 Other changes to in force (Net) (21) (191,167) (21) (12.851.768)

)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equal	to 60 months at issue, prior year \$;	0, current year \$	(
	Loans greater than 60 months at issue BUT NOT GREATER T	THAN 120 MONTHS prior year \$		0, current year \$	0

5,897,745

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

148,366,507

302

154,264,252

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	8,199	8,172		6,960	6,977
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)		l		l	
25.2	Non-cancelable (b) Guaranteed renewable (b)	1,972	1,972			
25.3	Non-renewable for stated reasons only (b)		l		l	
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	1,972	1,972			
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,171	10,144		6,960	6,977

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: NORTH CAROLINA **DURING THE YEAR 2011**



	DIRECT PREMIUMS AND		1		2		3		4		5
	ANNUITY CONSIDERATIONS	(Ordinary	(Grou	Credit Life p and Individual)		Group	In	dustrial		Total
1.	Life insurance		2,243,178				1,004,970				3,248,14
	Annuity considerations		289,890								289,8
	Deposit-type contract funds				XXX				XXX		
	Other considerations		0.500.000				1 00 1 070				0.500.0
	Totals (Lines 1 to 4)		2,533,068		,		1,004,970				3,538,0
DIRE	CT DIVIDENDS TO POLICYHOLDERS										
	nsurance:										
	Paid in cash or left on deposit		46,567								
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten		6,244								6,2
0.3	the endowment or premium-paying period		157,376								157,3
6.4	Other										
6.5	Totals (Sum of Lines 6.1 to 6.4)		210,187								210,1
Annui					,		,				
	Paid in cash or left on deposit										
	Applied to provide paid-up annuities										
	Other										
	Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus Line 7.4)		210,187								210,1
			210,107								210,1
DIKE	CT CLAIMS AND BENEFITS PAID										
	Death benefits		1,123,595				431,481				1,555,0
	Matured endowments										
	Annuity benefits		111,064								
	Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct		310,258								310,2
13.	claims and benefits paid										
14.	All other benefits, except accident & health		9,479								9,4
15.	Totals		1,554,396				431,481				1,985,8
	DETAILS OF WRITE-INS										
301.											
302.				N	10 N						
JUZ.											
303.											
303.	Summary of remaining write-ins for Line 13										
303. 398.	from overflow page										
303. 398.											
303. 398.	from overflow page Totals (Lines 1301 through 1303 plus				Credit Life						
303. 398.	from overflow page Totals (Lines 1301 through 1303 plus	(Ordinary	(Grou			Group	ln	dustrial		Total
303. 398.	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS	1	Ordinary 2	(Grou	Credit Life	5	Group 6	In 7	dustrial 8	9	Total 10
303. 398.	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			(Grou	Credit Life p and Individual)	5	_			9	
303. 398.	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS	1	2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of	6	7	8		10
303. 398. 399.	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	(Grou	Credit Life p and Individual)	5 No. of Certifs.	6 Amount			No.	10 Amount
303. 398. 399.	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	1 No.	2 Amount 40,174	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs.	6 Amount 146,034	7	8	No. 8	10 Amount 186,20
303. 398. 399.	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs.	6 Amount	7	8	No.	10 Amount 186,2
303. 398. 399.	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year	No	2 Amount 40,174	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs.	6 Amount 146,034	7	8	No. 8	Amount 186,2 1,601,7
303. 398. 399. 16. 17. Settle 18.1 18.2	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims	No	2 Amount 40,174 1,304,569	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs. 	Amount 146,034 297,177	7	8	No. 8 95	Amount 186,2 1,601,7
303. 398. 399. 16. 17. Settle 18.1 18.2 18.3	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid	No	2 Amount 40,174 1,304,569	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs.	Amount 146,034 297,177	7	8	No. 8 95	Amount 186,2 1,601,7 1,555,0
303. 398. 399. 16. 17. Settle 18.1 18.2 18.3 18.4	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise	No	Amount 40,174 1,304,569 1,123,595	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs. 	Amount 146,034 297,177 431,481	7	8	No. 	Amount 186,2 1,601,7 1,555,0
303. 398. 399. 16. 17. Settle 18.1 18.2 18.3 18.4 18.5	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected	No	2 Amount 40,174 1,304,569 1,123,595	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs	6 Amount 146,034 297,177 431,481 431,481	7	8	No. 8 95 90 90	Amount 186,2 1,601,7 1,555,0 1,555,0
16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements	No	2 Amount 40,174 1,304,569 1,123,595 1,123,595	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs. 	6 Amount 146,034 297,177 431,481 431,481	7	8	No. 8 95 90 90	Amount 186,2 1,601,7 1,555,0 1,555,0 1,555,0
303. 3398. 3399. 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19.	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No	2 Amount 40,174 1,304,569 1,123,595	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs	6 Amount 146,034 297,177 431,481 431,481	7	8	No. 8 95 90 90	Amount 186,2 1,601,7 1,555,0 1,555,0 1,555,0
303. 3398. 3399. 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19.	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements	No	2 Amount 40,174 1,304,569 1,123,595 1,123,595	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs. 	6 Amount 146,034 297,177 431,481 431,481	7	8	No. 8 95 90 90	Amount 186,2 1,601,7 1,555,0 1,555,0 1,555,0
303. 398. 399. 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19.	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No	2 Amount 40,174 1,304,569 1,123,595 1,123,595 221,148 202,397,327	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual)	5 No. of Certifs	6 Amount 146,034 297,177 431,481 431,481	7	8	No. 8 95 90 90	Amount 186,2 1,601,7 1,555,0 1,555,0 232,8
303. 398. 399. 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 19. POLI	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT In force December 31, prior year Issued during year	1 No. 5 70 65	2 Amount 40,174 1,304,569 1,123,595 1,123,595 221,148 202,397,327 39,308,340	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4 Amount	5 No. of Certifs	6 Amount 146,034 297,177 431,481 431,481 11,730 592,826,647	7	8	No. 8 95 90 90 13 3,000 281	10 Amount 186,2 1,601,7 1,555,0 1,555,0 232,8 795,223,9 39,308,3
303. 398. 399. 16. 17. Settlee 18.1 18.2 18.3 18.4 18.5 18.6 19. POLI	from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT In force December 31, prior year	No	2 Amount 40,174 1,304,569 1,123,595 1,123,595 221,148 202,397,327	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4 Amount	5 No. of Certifs	Amount 146,034 297,177 431,481 431,481 11,730	7	8	No. 8 95 90 90 13	10 Amount

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	114,678	114,650		82,439	82,641
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b)	121,515	109,626		45,399	54,360
25.3	Non-renewable for stated reasons only (b)		l			
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	121,515	109,626		45,399	54,360
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		224,276		127,838	137,001

(b)	For health business on indicated lines report: Number of persons insured under PPO n	nanaged care products	 	 	0
	and number of persons insured under indemnity only products 4.				

DIRECT BUSINESS IN THE STATE OF: NORTH DAKOTA DURING THE YEAR 2011



NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

NAIC C	Group Code 4712		LI		SUKANU	=			NAIC Con	63967		
	DIRECT PREMIUMS AND		1		2		3		4		5	
	ANNUITY CONSIDERATIONS		Ordinary	1	Credit Life p and Individual)		Group	ln	dustrial		Total	
1.	Life insurance		16,565				52,913				69,478	
	Annuity considerations					1						
	Deposit-type contract funds				XXX	ļ			X X X			
	Other considerations Totals (Lines 1 to 4)		16,565				52,913				69,478	
	CT DIVIDENDS TO POLICYHOLDERS		10,000				02,010				03,470	
	surance:					1						
	Paid in cash or left on deposit		415								415	
	Applied to pay renewal premiums		329			1					329	
	Applied to provide paid-up additions or shorten											
	the endowment or premium-paying period Other		4,214								4,214	
	Totals (Sum of Lines 6.1 to 6.4)		4,958								4,958	
Annuiti			.,000								1,000	
	Paid in cash or left on deposit											
	Applied to provide paid-up annuities											
7.3	Tatala (Cura of Linea 7.4 to 7.2)											
	Grand Totals (Lines 6.5 plus Line 7.4)		4,958								4,958	
DIREC	CT CLAIMS AND BENEFITS PAID											
9.	Death benefits		11,906				15,683				27,589	
	Matured endowments					1						
11.	Annuity benefits					I						
	Surrender values and withdrawals for life contracts		2,176								2,176	
	Aggregate write-ins for miscellaneous direct claims and benefits paid									-		
	All other benefits, except accident & health											
	Totals		14,082				15,683				29,765	
	DETAILS OF WRITE-INS						•					
1301.					1.0.1.1							
1302.				l	NON							
1303.	Cummon of romaining write ine for Line 12											
	Summary of remaining write-ins for Line 13 from overflow page											
	Totals (Lines 1301 through 1303 plus											
	1398) (Line 13 above)				<u> </u>							
			Ordinary	1	Credit Life p and Individual)		Group	l In	Industrial Tota		Total	
	DIRECT DEATH BENEFITS	1	2	3	4	5	6	7	8	9	10	
	AND MATURED ENDOWMENTS			No. of Ind.								
	INCURRED	N-	A	Pols. & Gr.	A	No. of	A	Na	A	Na	A 4	
16	Unpaid December 31, prior year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
	Incurred during current year	2	11,906			1	15,683		1	3	27,589	
Settled	d during current year:								1			
	By payment in full	2	11,906			1	15,683			3	27,589	
	By payment on compromised claims Total paid	2	11,906	-		1	15,683			3	27,589	
	Reduction by compromise		11,500			 	10,000				21,509	
	Amount rejected											
	Total settlements	2	11,906			1	15,683			3	27,589	
	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)			-								
POLIC	Y EXHIBIT					No. of						
20	In force December 31, prior year	28	713,650	-	(a)	Policies	42,765,072			28	43,478,722	
	Issued during year	20	230,000		(α)		72,100,012			2	230,000	
22.	Other changes to in force (Net)	(3)	(16,975)				(4,438,161)			(3)	(4,455,136	
23.	In force December 31, current year	27	926,675		(a)		38,326,911			27	39,253,586	

(a)	Includes Individual Credit Life Insurance prior year \$	0, current year \$.0	
	Includes Group Credit Life Insurance Loans less than or equal to 60	months at issue, prior year \$	0 , current year \$	(
	Loans greater than 60 months at issue BUT NOT GREATER THAN	I 120 MONTHS prior year \$	0 , current year \$	0

		1	2	2	1	F
		'	Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	9,710	9,628		7,652	7,671
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b)	117	117			
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	117	117			
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,827	9,745		7,652	7,671

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: OHIO **DURING THE YEAR 2011**



NAIC Group Code 4712		LI	FE IN	SURANCI				NAIC Con	npany Code	63967	
DIRECT PREMIUMS AND		1		2		3		4		5	
ANNUITY				Credit Life							
CONSIDERATIONS	'	Ordinary	(Grou	p and Individual)		Group	ln In	dustrial		Total	
Life insurance		1,122,790				379,878				1,502,668	
2. Annuity considerations		48,496								48,496	
Deposit-type contract funds				XXX				XXX			
4. Other considerations 5. Totals (Lines 1 to 4)		1,171,286				379,878				1 551 164	
**		1,171,200				3/9,0/0				1,551,164	
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1 Paid in cash or left on deposit		22,959								22,959	
6.2 Applied to pay renewal premiums		1,979								1,979	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		69,972								69,972	
6.4 Other											
6.5 Totals (Sum of Lines 6.1 to 6.4)		94,910								94,91	
Annuities:		01,010								01,011	
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 Totals (Sum of Lines 7.1 to 7.3)											
8. Grand Totals (Lines 6.5 plus Line 7.4)		94,910								94,910	
DIRECT CLAIMS AND BENEFITS PAID											
9. Death benefits		897,293				748,159				1,645,452	
Matured endowments											
11. Annuity benefits		46,730								46,730	
12. Surrender values and withdrawals for life contracts		202,226			1					202,22	
13. Aggregate write-ins for miscellaneous direct											
claims and benefits paid											
14. All other benefits, except accident & health		765								765	
15. Totals		1,147,014				748,159				1,895,173	
DETAILS OF WRITE-INS											
1301.											
1302.			.	10N							
1303.					L						
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. Totals (Lines 1301 through 1303 plus								•			
1398) (Line 13 above)											
				Credit Life							
	(Ordinary	1	p and Individual)		Group	ln ln	dustrial		Total	
DIRECT DEATH BENEFITS	1	2	3	4	5	6	7	8	9	10	
AND MATURED ENDOWMENTS			No. of Ind.								
INCURRED			Pols. & Gr.		No. of						
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior year	9	163,493			3	119,650			12	283,143	
17. Incurred during current year Settled during current year:	56	908,341			9	647,859			65	1,556,200	
18.1 By payment in full	56	897,293			10	748,159			66	1,645,45	
18.2 By payment on compromised claims										1,010,10	
18.3 Total paid	56	897,293		-	10	748,159			66	1,645,452	
18.4 Reduction by compromise		, , , ,				,				,, .	
18.5 Amount rejected											
18.6 Total settlements	56	897,293			10	748,159			66	1,645,452	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	174,541			2	19,350			11	193,89°	
POLICY EXHIBIT					No. of						
20 In faces December 24	4 000	07 440 004		(a)	Policies	044 400 070			4 000	200 040 17	
In force December 31, prior year Issued during year	1,820	87,449,804 16,792,828		(a)		241,460,370			1,820 281	328,910,174 16,792,828	
22. Other changes to in force (Net)	(178)	(5,830,114)				(14,125,215)			(178)	(19,955,329	
23. In force December 31, current year	1,923	98,412,518		(a)		227,335,155			1,923	325,747,673	
Lo lordo Doddinbor o i, dullorit your	1,525	1 55,712,510	1	I \~/	1	,,000,100	i	1	1,525	0.0,171,0	

1)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equal to 6	0 months at issue, prior year \$		0, current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER THAN	N 120 MONTHS prior year \$	0,	current year \$	0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	27,584	27,273		29,684	29,756
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b)	1,800,079	1,687,057		1,009,029	1,157,191
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	1,800,079	1,687,057		1,009,029	1,157,191
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,827,663	1,714,330		1,038,713	1,186,947

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	2.	

DIRECT BUSINESS IN THE STATE OF: OKLAHOMA DURING THE YEAR 2011



63967201143037100

NAIC Group Code 4712		LI		SURANCE	<u>-</u>				npany Code	6396
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	,	1 Ordinary		2 Credit Life p and Individual)		3 Group	ln ln	4 dustrial		5 Total
Life insurance	· ·		(Glou	p and individual)			""			
Annuity considerations		1,049,882 731,790				297,704				1,347,58 731,79
Deposit-type contract funds Other considerations				XXX				XXX		
5. Totals (Lines 1 to 4)		1,781,672				297,704				2,079,37
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:					İ					
6.1 Paid in cash or left on deposit		14,980								14,98
6.2 Applied to pay renewal premiums										
Applied to provide paid-up additions or shorten the endowment or premium-paying period Other		49,706								49,70
6.5 Totals (Sum of Lines 6.1 to 6.4)		65,208								65,20
Annuities:		00,200						,		00,21
7.1 Paid in cash or left on deposit					1					
7.2 Applied to provide paid-up annuities										
7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)		65,208								65,20
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits		473,185				157,830				631,0
10. Matured endowments										
11. Annuity benefits		320,574								320,5
12. Surrender values and withdrawals for life contracts13. Aggregate write-ins for miscellaneous direct		195,055								195,0
claims and benefits paid					1					
14. All other benefits, except accident & health		2,154								2,1
15. Totals		990,968				157,830				1,148,79
DETAILS OF WRITE-INS										
301.										
302. 303.				10N						
398. Summary of remaining write-ins for Line 13										
399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
				Credit Life						
DIRECT DEATH BENEFITS	1	Ordinary 2	(Grou	o and Individual) 4	5	Group 6	7 In	dustrial 8	9	Total 10
AND MATURED ENDOWMENTS		_	No. of Ind.	,			,			10
INCURRED			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year17. Incurred during current year	2	20,972 475,749			1 1	2,563 169,981			3	23,53 645,73
Settled during current year:	36	475,743			10	109,901			46	
18.1 By payment in full	34	473,185			9	157,830			43	631,0
8.2 By payment on compromised claims										
8.3 Total paid 8.4 Reduction by compromise	34	473,185			9	157,830			43	631,0
8.5 Amount rejected										
18.6 Total settlements	34	473,185			9	157,830			43	631,0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	23,536			2	14,714			6	38,2
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,168	78,652,880		(a)	1 0110103	197,344,758			1,168	275,997,6
21. Issued during year	182	11,157,592			1	1			182	11,157,5
22. Other changes to in force (Net) 23. In force December 31, current year	(114) 1,236	(3,789,398) 86,021,074				(15,785,561) 181,559,197			(114) 1,236	(19,574,95 267,580,27

)	Includes Individual Credit Life Insurance prior year \$	0 , current year \$	0	
	Includes Group Credit Life Insurance Loans less than	or equal to 60 months at issue, prior year \$	0 , current year \$	0
	Loans greater than 60 months at issue BUT NOT GRE	EATER THAN 120 MONTHS prior year \$	0 , current year \$	0

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	16,425	15,953		17,400	17,442
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	51,762	46,857		17,091	20,211
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		46,857		17,091	20,211
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		62,810		34,491	37,653

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: OREGON DURING THE YEAR 2011



63967201143038100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 136,253 111,252 247,505 Annuity considerations 1,665 1,665 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 111,252 249,170 137,918 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 10,268 10,268 6.2 Applied to pay renewal premiums 1,367 1.367 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 37,426 37,426 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 49,061 49,061 Annuities: 7.1 Paid in cash or left on deposit 919 919 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 919 7.4 919 8. Grand Totals (Lines 6.5 plus Line 7.4) 49,980 49,980 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 161,437 198,612 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 5.240 12. 5.240 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 641 641 167,318 37,175 Totals 204,493 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount No. Amount Unpaid December 31, prior year 2,671 2,671 17. Incurred during current year 10 158,766 9 37,175 19 195,941 Settled during current year: 198,612 18.1 By payment in full 161,437 9 37,175 20 11 18.2 By payment on compromised claims 18.3 Total paid 11 161,437 9 37,175 20 198,612 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 161,437 37,175 198,612 11 20 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 12,921,687 54,146,234 67,067,921 20. In force December 31, prior year 236 (a) 236 Issued during year 180,000 180,000 22 Other changes to in force (Net) (15) (287.046) (4.398.140) (15) (4.685.186) 23 In force December 31, current year 12,814,641 49,748,094 62,562,735

)	Includes Individual Credit Life Insurance prior year \$	0 , current year \$	0		
	Includes Group Credit Life Insurance Loans less than or ed	qual to 60 months at issue, prior year	r\$0,	current year \$	(
	Loans greater than 60 months at issue BUT NOT GREATE	ER THAN 120 MONTHS prior year \$	0 , cı	urrent year \$	0

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	18,245	18,147		9,649	9,673
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	10,176	8,577		4,249	5,087
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,176	8,577		4,249	5,087
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,421	26,724		13,898	14,760

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: PENNSYLVANIA DURING THE YEAR 2011



63967201143039100

NAIC Group Code 4712	LIFE INSURANCE						NAIC Company Code 6396					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	I	2 Credit Life p and Individual)		3 Group	In	4 dustrial		5 Total		
Life insurance Annuity considerations Deposit-type contract funds Other considerations		557,660 1,700		XXX		304,872		XXX		862,53 1,70		
5. Totals (Lines 1 to 4)		559,360				304,872				864,23		
DIRECT DIVIDENDS TO POLICYHOLDERS												
Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		24,812 4,616 69,531								24,81 4,61 69,53		
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities:		98,959								98,95		
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4)		98,959								98,98		
DIRECT CLAIMS AND BENEFITS PAID								-		,		
9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct		246,388 2,017 7,259 100,042				54,872				301,26 2,01 7,25 100,04		
claims and benefits paid 14. All other benefits, except accident & health 15. Totals		1,401 357,107				54,872				1,40		
DETAILS OF WRITE-INS		001,101				04,072				711,57		
1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)			N	ION	E							
						Credit Life		-		-		
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	Ordinary 2	(Grou 3 No. of Ind.	o and Individual) 4	5	Group 6	7 In	dustrial 8	9	Total 10		
INCURRED	No.	Amount	Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount		
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year:	33	22,612 270,801			12	22,500 237,982			45	45,1 508,7		
18.1 By payment in full18.2 By payment on compromised claims18.3 Total paid	34	248,405 248,405			9	54,872			43	303,2		
18.4 Reduction by compromise 18.5 Amount rejected		2 10,100										
18.6 Total settlements	34	248,405			9	54,872			43	303,2		
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT	3	45,008			No. of	205,610			7	250,6		
20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31, current year	1,263 189 (106) 1,346	25,085,000 1,863,100 (1,286,395) 25,661,705		(a)	Policies	179,353,248 (10,876,546) 168,476,702			1,263 189 (106) 1,346	204,438,2 1,863,1 (12,162,9 194,138,4		

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	58,426	57,946		58,941	59,085
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)	141,442	136,067		57,263	68,178
25.3	Non-renewable for stated reasons only (b)	l				
25.4	Other accident only	l				
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	141,442	136,067		57,263	68,178
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		194,013		116,204	127,263

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: RHODE ISLAND **DURING THE YEAR 2011**



NAIC Group Code 4712		LI	FE IN	SURANCE	=			NAIC Con	npany Code	63967
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	1	2 Credit Life p and Individual)	_	3 Group	lo lo	4 dustrial		5 Total
1 Life incurance		337,956	(Glou	p and individual)		27,291	- "	uusiilai		365,247
Annuity considerations						21,291				
Deposit-type contract funds Other considerations				XXX				XXX		
5. Totals (Lines 1 to 4)		337,956				27,291				365,247
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit		5,935								5,935
6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten										
the endowment or premium-paying period		22,348								22,34
6.4 Other		00.770								00.77
6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities:		28,773								28,77
7.1 Paid in cash or left on deposit					1					
7.2 Applied to provide paid-up annuities										
7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)		28,773								28,773
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits		121,539				2,299				123,838
10. Matured endowments]					
11. Annuity benefits12. Surrender values and withdrawals for life contract		93,138								
Surrender values and withdrawais for life contract Aggregate write-ins for miscellaneous direct	ts	36,295								
claims and benefits paid			l		1		l			
14. All other benefits, except accident & health										
15. Totals DETAILS OF WRITE-INS		250,972		::		2,299				253,271
1301.										
1302.			N							
1303.				10N						
1398. Summary of remaining write-ins for Line 13 from overflow page			_							
1399. Totals (Lines 1301 through 1303 plus		-								
1398) (Line 13 above)								;		
		Ordinary	1	Credit Life p and Individual)		Group	In	dustrial		Total
DIRECT DEATH BENEFITS	1	2	3	4	5	6	7	8	9	10
AND MATURED ENDOWMENTS			No. of Ind.		NI. of					
INCURRED	No.	Amount	Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	121,539			2	2,299			4	123,838
Settled during current year: 18.1 By payment in full	2	121,539			2	2,299			4	123,838
18.2 By payment on compromised claims										:
18.3 Total paid	2	121,539			2	2,299			4	123,838
18.4 Reduction by compromise18.5 Amount rejected										
18.6 Total settlements	2	121,539			2	2,299			4	123,838
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18	6)									
POLICY EXHIBIT					No. of					
20. In force December 31, prior year	508	72,530,809		(a)	Policies	13,537,644			508	86,068,453
21. Issued during year										
22. Other changes to in force (Net)	(17)	(3,270,183)				772,063			(17)	(2,498,120
23. In force December 31, current year	491	69,260,626		(a)		14,309,707			491	83,570,333

ACCIDENT AND HEALTH INSURANCE

Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

(a) Includes Individual Credit Life Insurance prior year \$

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	3,290	3,264		4,328	4,338
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)		l			
25.2	Non-cancelable (b) Guaranteed renewable (b)	477	211			
25.3	Non-renewable for stated reasons only (b)		l			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	477	211			
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,767	3,475		4,328	4,338

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: SOUTH CAROLINA **DURING THE YEAR 2011**



	DIRECT PREMIUMS AND		1		2		3		4		5
	ANNUITY CONSIDERATIONS	(Ordinary	(Grou	Credit Life p and Individual)		Group	In	idustrial		Total
1.	Life insurance		1,156,823			İ	467,877				1,624,7
	Annuity considerations		8,682			l					8,6
	Deposit-type contract funds				XXX				XXX		
	Other considerations		1 105 505				407.077				4 000 0
	Totals (Lines 1 to 4)		1,165,505				467,877				1,633,3
	CT DIVIDENDS TO POLICYHOLDERS										
	nsurance:		40.047			-					40.0
	Paid in cash or left on deposit Applied to pay renewal premiums		40,647								40,6
	Applied to provide paid-up additions or shorten		8,576								
0.5	the endowment or premium-paying period		133,873			1					133,8
6.4	Other										: :-:-:
6.5	Totals (Sum of Lines 6.1 to 6.4)		183,096								183,0
Annu											
	Paid in cash or left on deposit										
	Applied to provide paid-up annuities										
	Other										
	Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus Line 7.4)		183,096								102.0
			100,090								183,0
DIRE	CT CLAIMS AND BENEFITS PAID										
9.	Death benefits		645,965			[176,901				822,8
	Matured endowments										
	Annuity benefits		346,517								346,5
	Surrender values and withdrawals for life contracts		239,276								239,2
13.	Aggregate write-ins for miscellaneous direct					-				}	
1/	claims and benefits paid All other benefits, except accident & health		5,464								
	Totals		1,237,222				176,901				1,414,1
			, , ,					l			, ,
							•				
201	DETAILS OF WRITE-INS								-		
	DETAILS OF WRITE-INS			· · · · · · · · · · · · · · · · · · ·							
302.	DETAILS OF WRITE-INS				10N						
301. 302. 303. 398.	Summary of remaining write-ins for Line 13			N	ION						
302. 303.				<u> </u>	ION						
302. 303. 398.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ION	E					
302. 303. 398.	Summary of remaining write-ins for Line 13 from overflow page			_							
302. 303. 398.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus		Ordinary		Credit Life		Group		udustrial		Total
302. 303. 398.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus		Ordinary 2			5	Group 6	In 7	idustrial 8	9	Total 10
302. 303. 398.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	_	_	(Grou	Credit Life p and Individual)		_				
302. 303. 398.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS	_	_	(Grou	Credit Life p and Individual)		_				
302. 303. 398. 399.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	(Grou	Credit Life p and Individual)	5 No. of Certifs.	6 Amount			9 No.	10 Amount
302. 303. 398. 399.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	1 No.	2 Amount 51,538	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs.	6 Amount 37,405	7	8	9 No.	10 Amount 88,9
302. 303. 398. 399.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year	1 No.	2 Amount	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs.	6 Amount	7	8	9 No.	10 Amount
302. 303. 398. 399.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year	No	2 Amount 51,538 684,540	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs.	Amount 37,405 155,576	7	8	9 No. 	Amount 88,9 840,1
302. 303. 398. 399.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full	1 No.	2 Amount 51,538	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs.	6 Amount 37,405	7	8	9 No.	10 Amount 88,9
302. 303. 398. 399. 16. 17. Settle 18.1 18.2	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims	No. 6 49 47	2 Amount 51,538 684,540 645,965	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs	Amount 37,405 155,576 176,901	7	8	9 No. 	Amount 88,9 840,1
302. 303. 398. 399. 16. 17. Settle 18.1 18.2	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid	No. 6 49 47	2 Amount 51,538 684,540	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs.	Amount 37,405 155,576	7	8	9 No. 	Amount 88,9 840,1
302. 303. 398. 399. 16. 17. Settle 18.1 18.2 18.3 18.4	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims	No. 6 49 47	2 Amount 51,538 684,540 645,965	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs	Amount 37,405 155,576 176,901	7	8	9 No. 	Amount 88,9 840,1
302. 303. 398. 399. 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements	No. 6 49 47	2 Amount 51,538 684,540 645,965	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs	Amount 37,405 155,576 176,901	7	8	9 No. 	Amount 88,9 840,1 822,8
16. 17. Settle 18.1 18.2 18.3 18.4 18.5	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected	No. 6 49 47	2 Amount 51,538 684,540 645,965	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs	6 Amount 37,405 155,576 176,901	7	8	9 No. 8 	10 Amount 88,9 840,1 822,8 822,8
16. 17. Settle 18.1 18.2 18.3 18.4 19.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements	No. 6 49 47	2 Amount 51,538 684,540 645,965 645,965	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs	6 Amount 37,405 155,576 176,901 176,901	7	8	9 No	10 Amount 88,9 840,1 822,6 822,6
302. 303. 3398. 3399. 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 19.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Induring current year Incurred during current year Incurrent yea	1 No. 6 49 47 47 8	2 Amount 51,538 684,540 645,965 645,965 90,113	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4 Amount	5 No. of Certifs	Amount 37,405 155,576 176,901 176,901 176,901 16,080	7	8	9 No	822,8 822,8 822,8 822,8
16. 17. Settle 18.1 18.2 18.3 18.4 19. POLI	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Ind during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT In force December 31, prior year	1 No. 6 49 47 47 47 8	2 Amount 51,538 684,540 645,965 645,965 90,113	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs	6 Amount 37,405 155,576 176,901 176,901	7	8	9 No. 8 66 63 63 11 1,979	822,8 822,8 822,8 316,398,1
302. 303. 3398. 3399. 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 19. POLI	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT In force December 31, prior year Issued during year	1 No. 6 49 47 47 47 8 1,979 219	2 Amount 51,538 684,540 645,965 645,965 90,113 69,536,199 12,134,591	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4 Amount	5 No. of Certifs	6 Amount 37,405 155,576 176,901 176,901 176,901 16,080	7	8	9 No. 8 66 63 63 11 1,979 219	822,8 822,8 822,8 822,8 316,398,1 12,134,5
302. 303. 3398. 3399. 3399. 16. 17. Settlle 18.1 18.2 18.3 18.4 18.5 19. POLI 20. 21. 22.	Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Ind during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT In force December 31, prior year	1 No. 6 49 47 47 47 8	2 Amount 51,538 684,540 645,965 645,965 90,113	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4 Amount	5 No. of Certifs	Amount 37,405 155,576 176,901 176,901 176,901 16,080	7	8	9 No. 8 66 63 63 11 1,979	Amount 88,9 840,1

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	23,413	22,926		23,688	23,746
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)		l			
25.2	Non-cancelable (b)	1,838,288	1,778,230		1,141,871	1,336,199
25.3	Non-renewable for stated reasons only (b)		l		l	
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	1,838,288	1,778,230		1,141,871	1,336,199
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,801,156		1,165,559	1,359,945

(b)	For health business on indicated lines report: Number of persons insured under PPO managed care products	0
	and number of persons insured under indemnity only products 3.	

DIRECT BUSINESS IN THE STATE OF: SOUTH DAKOTA DURING THE YEAR 2011



63967201143042100

NAIC Group Code 4712		LI		SURANCI	-				pany Code	6396
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	(1 Ordinary	ı	2 Credit Life and Individual)		3 Group	In	4 dustrial		5 Total
Life insurance		75,039	(Orou)	and individual)		53,043	""	uusiilai		128,08
Annuity considerations										
Deposit-type contract funds Other considerations				XXX				XXX		
5. Totals (Lines 1 to 4)		75,039				53,043				128,08
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit		4,539								4,50
Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period		3,859								3,8
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)		8,719								8,7
Annuities:		0,719								0,1
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4)		8,719								8,7
DIRECT CLAIMS AND BENEFITS PAID		0,713								0,1
		0.044				00.000				00.5
Death benefits Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts		13,800								13,8
Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals		20,011				83,333				103,3
DETAILS OF WRITE-INS										
301. 302. 303. 398. Summary of remaining write-ins for Line 13				ION	E					
from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
				Credit Life						
		Ordinary	_ `	and Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.	4	5	6	7	8	9	10
INCURRED			Pols. & Gr.		No. of					
"	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year		6,211				83,333				89,5
	2								2	
			i .			83,333			2	89,5
Settled during current year: 18.1 By payment in full	2	6,211								89,5
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims						00.000				89.5
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid	2	6,211				83,333			2	00,0
By payment in full By payment on compromised claims Total paid Reduction by compromise	2	6,211				83,333			2	
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements						83,333 83,333			2	
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	6,211								
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	6,211			No. of					
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	2	6,211		(a)	No. of Policies					89,54
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT	2	6,211		(a)	+	83,333			2	89,5

)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equal to	60 months at issue, prior year \$		0 , current year \$	 0
	Loans greater than 60 months at issue BUT NOT GREATER THA	N 120 MONTHS prior year \$	0	, current year \$	 0

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	21,987	21,718		11,132	11,159
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees Other Individual policies:					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	9,272	10,785		6,515	7,780
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		10,785		6,515	7,780
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,259	32,503		17,647	18,939

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: TENNESSEE DURING THE YEAR 2011



63967201143043100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 1,567,615 511,973 2,079,588 Annuity considerations 357,120 357,120 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 1,924,735 511,973 2,436,708 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 57,384 57.384 6.2 Applied to pay renewal premiums 18.321 18.321 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 217,256 217,256 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 292,961 292,961 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 292,961 292,961 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 2,042,131 1,307,478 10. Matured endowments 11 Annuity benefits 858 345 858 345 Surrender values and withdrawals for life contracts 12. 558.071 558.071 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 6,374 6,374 734.653 Totals 2,730,268 3,464,921 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1399. 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 109,685 4,000 10 113,685 17. Incurred during current year 65 1,337,522 12 740,703 77 2,078,225 Settled during current year: 12 2,042,131 18.1 By payment in full 1,307,478 734,653 77 65 18.2 By payment on compromised claims 18.3 Total paid 65 1,307,478 12 734,653 77 2,042,131 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 734,653 2,042,131 65 1,307,478 12 77 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 139,729 10,050 POLICY EXHIBIT No of Policies 196,922,106 308,748,747 505,670,853 20. In force December 31, prior year 3,205 3,205 (a) Issued during year 156 5,301,722 156 5,301,722

(a)	Includes Individual Credit Life Insurance prior year \$ 0 , current year \$	0	
	Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$	0, current year \$	
	Loans greater than 60 months at issue RLIT NOT CREATER THAN 120 MONTHS prior year \$	0 current year \$	٥

(8.695,276)

193.528.552

(190)

3,171

22

23

Other changes to in force (Net)

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

(15,484,156)

293,264,591

(190)

3.171

(24.179.432)

486,793,143

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	25,926	25,850		20,094	20,143
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b)	102,864	98,072		67,752	78,647
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	102,864	98,072		67,752	78,647
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	128,790	123,922		87,846	98,790

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: TEXAS DURING THE YEAR 2011



03907201143044100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 6,065,972 1,871,587 7,937,559 Annuity considerations 679,326 679,326 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 6,745,298 1,871,587 8,616,885 DIRECT DIVIDENDS TO POLICYHOLDERS 6.1 Paid in cash or left on deposit 166,211 166,211 6.2 Applied to pay renewal premiums 43.330 43.330 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 641,410 641,410 64 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 850,951 850,951 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 3 8. Grand Totals (Lines 6.5 plus Line 7.4) 850,954 850,954 DIRECT CLAIMS AND BENEFITS PAID 5,180,124 5,976,872 10. Matured endowments 65,107 65,107 11 Annuity benefits 1 327 441 1 327 441 Surrender values and withdrawals for life contracts 2.571.892 2.571.892 12. Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 22,588 22,588 796,748 Totals 9,167,152 9,963,900 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 34 504,304 84,154 47 588,458 17. Incurred during current year 291 4,991,967 73 979,333 364 5,971,300 Settled during current year: 6,041,979 18.1 By payment in full 298 5,245,231 75 796,748 373 18.2 By payment on compromised claims 18.3 Total paid 298 5,245,231 75 796,748 373 6,041,979 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 5,245,231 796,748 6,041,979 298 75 373 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 517,779 POLICY EXHIBIT No of Policies 12,652 586,563,997 1,068,305,050 1,654,869,047 20. In force December 31, prior year 12,653 (a) Issued during year 285 21,701,097 285 21,701,097 22 Other changes to in force (Net) (824) (32.334.588) (13,077,854) (824) (45,412,442) 23 In force December 31, current year 12,113 575.930.506 1,055,227,196 12.114 1,631,157,702

)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equ	al to 60 months at issue, prior year \$		0, current year \$	(
	Loans greater than 60 months at issue BUT NOT GREATER	R THAN 120 MONTHS prior year \$	0	, current year \$	0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	89,567	88,804		67,671	67,837
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b)	1,270,031	1,209,241		691,388	772,634
25.3	Non-renewable for stated reasons only (b)	l				
25.4	Other accident only					
25.5	Other accident only All other (b)	222	222		532	532
25.6	Totals (sum of Lines 25.1 to 25.5)	1,270,253	1,209,463		691,920	773,166
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,298,267		759,591	841,003

(b)	For health business on indicated lines report: Number of persons insured under	er PPO managed care products	0
	and number of persons insured under indemnity only products	3.	

DIRECT BUSINESS IN THE STATE OF: UTAH DURING THE YEAR 2011



63967201143045100

DIRECT PREMIUMS AND		1		2		3		4		5
ANNUITY CONSIDERATIONS	(Ordinary	(Grou	Credit Life p and Individual)		Group	In	dustrial		Total
1. Life insurance		267,018			İ	118,139				385,15
Annuity considerations Deposit-type contract funds		500		XXX				XXX		50
4. Other considerations 5. Totals (Lines 1 to 4)		267,518				118,139				385,65
DIRECT DIVIDENDS TO POLICYHOLDERS				,						
Life Insurance:										
Paid in cash or left on deposit Applied to pay renewal premiums		5,521								5,52 15
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		12,131								12,1
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)		17,805								17,8
Annuities:		17,000								17,0
7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annuities										
7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)		17,805								17,80
DIRECT CLAIMS AND BENEFITS PAID										
Death benefits Matured endowments		237,019				58,262				295,2
11. Annuity benefits										· · · · · · · · · · · · · · · · · · ·
12. Surrender values and withdrawals for life contracts13. Aggregate write-ins for miscellaneous direct		40,359								40,3
claims and benefits paid 14. All other benefits, except accident & health										
15. Totals		277,378				58,262				335,64
DETAILS OF WRITE-INS										
301. 302. 303.			N	10N	F					
398. Summary of remaining write-ins for Line 13 from overflow page										
399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
			1	Credit Life						
DIRECT DEATH BENEFITS	1	Ordinary 2	3	p and Individual) 4	5	Group 6	7 7	dustrial 8	9	Total 10
AND MATURED ENDOWMENTS INCURRED			No. of Ind. Pols. & Gr.		No. of					
46. Upasid Dasambar 24 miles year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:	14	237,019				9,738 48,524			15	9,73 285,54
18.1 By payment in full	14	237,019			2	58,262			16	295,28
18.2 By payment on compromised claims	14	237,019			2	58,262			16	295,2
18.4 Reduction by compromise										
	14	237,019			2	58,262			16	295,28
18.5 Amount rejected 18.6 Total settlements					., ,					
18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)			1		No. of	ĺ		-		
18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					Policies					
18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year	469	29,942,232 1,757,624		(a)	1	74,049,145			469	
18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT	469 8 (31) 446	29,942,232 1,757,624 (1,839,253) 29,860,603		(a)	1	74,049,145 5,248,976 79,298,121			469 8 (31) 446	103,991,37 1,757,62 3,409,72 109,158,72

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	3,380	3,203		3,863	3,873
24.1						
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b)	3,721	3,314		660	791
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only	l				
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	3,721	3,314		660	791
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		6,517		4,523	4,664

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: VERMONT **DURING THE YEAR 2011**



NAIC Group Cod	le 4712		LI	FE IN	SURANCE	Ē			NAIC Con	npany Code	6396
	RECT PREMIUMS AND ANNUITY CONSIDERATIONS	(1 Ordinary		2 Credit Life p and Individual)		3 Group	In	4 dustrial		5 Total
 Life insuran Annuity con Deposit-typ Other consi 	siderations e contract funds		106,878 4,000		XXX		25,886		×××		132,764 4,000
5. Totals (Line			110,878				25,886				136,764
DIRECT DIVIDEN	DS TO POLICYHOLDERS										
6.2 Applied to p6.3 Applied to pthe endown	n or left on deposit ay renewal premiums rovide paid-up additions or shorten nent or premium-paying period		2,585 1,353 3,679								2,585 1,353 3,679
6.4 Other	of Lines 6.1 to 6.4)		7,617								7,617
Annuities: 7.1 Paid in cast 7.2 Applied to p 7.3 Other	n or left on deposit rovide paid-up annuities										
	s (Lines 6.5 plus Line 7.4)		7,617								7,617
 Death bene Matured en Annuity ber Surrender v 	dowments		24,811 1,800 39,219				765				25,576 1,800 39,219
claims and	penefits paid nefits, except accident & health		411 66,241				765				41:
	TAILS OF WRITE-INS										
from overflo	s 1301 through 1303 plus			N	ION						
ii				1	Credit Life						
DIE	ECT DEATH BENEFITS	1	Ordinary 2	(Grou	o and Individual) 4	5	Group 6	7 In	dustrial 8	9	Total 10
	MATURED ENDOWMENTS INCURRED			No. of Ind. Pols. & Gr.		No. of					
16. Unpaid Dec	ember 31, prior year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
17. Incurred du Settled during curr 18.1 By payment	ent year:	1	24,811 24,811			1	765 765			2	25,576 25,576
	on compromised claims					!					
18.3 Total paid		1	24,811			1	765			2	25,576
18.4 Reduction b											
18.6 Total settler	nents	1	24,811			1	765			2	25,576
19. Unpaid Dec	. 31, current year (Lines 16 + 17 - 18.6)					No. of					
21. Issued during22. Other change	tember 31, prior year ng year ges to in force (Net) tember 31, current year	190 10 (11) 189	17,383,811 1,226,325 (668,101) 17,942,035		(a)	Policies	17,886,634 216,606 18,103,240			190 10 (11) 189	35,270,444 1,226,329 (451,499 36,045,279

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	169	169		68	68
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b)	34,090	29,576		31,860	38,149
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	34,090	29,576		31,860	38,149
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,259	29,745		31,928	38,217

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: VIRGINIA **DURING THE YEAR 2011**



NAIC Group Code 4712				SURANCE	_			10.00	npany Code	6396
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	(1 Ordinary		2 Credit Life o and Individual)		3 Group	In	4 dustrial		5 Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations		2,701,613 55,736		XXX		1,382,728		XXX		4,084,341 55,736
5. Totals (Lines 1 to 4)		2,757,349				1,382,728				4,140,077
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		112,925 23,174 536,960								112,925 23,174 536,960
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)		673,059								673,059
Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4)		673,059								673,059
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits 10. Matured endowments 11. Annuity benefits		3,418,420				1,085,170				4,503,590 482,237
Annuary benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid		1,223,239								1,223,239
14. All other benefits, except accident & health15. Totals		26,653 5,150,549				1,085,170				26,653 6,235,719
DETAILS OF WRITE-INS										
1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13			····N	ION	E					
from overflow page 1399. Totals (Lines 1301 through 1303 plus										
				Credit Life						
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)		Ordinary	(Grou	and Individual)		Group		dustrial		Total
1399. Totals (Lines 1301 through 1303 plus	1	2	(Group 3 No. of Ind. Pols. & Gr.	and Individual) 4	5 No. of	6	7	8	9	10
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	(Group 3 No. of Ind.	and Individual)	No. of Certifs.	6 Amount			No.	10 Amount
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year	1	2	(Group 3 No. of Ind. Pols. & Gr.	and Individual) 4	No. of	6	7	8		10
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims	No. 17 133	2 Amount 436,658 3,199,498 3,418,420	(Group 3 No. of Ind. Pols. & Gr.	and Individual) 4	No. of Certifs. 11 49	6 Amount 133,289	7	8	No. 28	10 Amount 569,947
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid	No. 17 133	2 Amount 436,658 3,199,498	(Group 3 No. of Ind. Pols. & Gr.	and Individual) 4	No. of Certifs.	6 Amount 133,289 1,349,813	7	8	No. 28	Amount 569,947 4,549,311
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims	No. 17 133	2 Amount 436,658 3,199,498 3,418,420	(Group 3 No. of Ind. Pols. & Gr.	and Individual) 4	No. of Certifs. 11 49	Amount 133,289 1,349,813 1,085,170	7	8	No. 28 182 189	Amount 569,947 4,549,311 4,503,590
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	No. 17 133 138 138	2 Amount 436,658 3,199,498 3,418,420 3,418,420 3,418,420	(Group 3 No. of Ind. Pols. & Gr.	and Individual) 4	No. of Certifs	6 Amount 133,289 1,349,813 1,085,170 1,085,170	7	8	No. 28 182 189 189	10 Amount 569,947 4,549,311 4,503,590 4,503,590
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected	No. 17 133 138 138	2 Amount 436,658 3,199,498 3,418,420 3,418,420	(Group 3 No. of Ind. Pols. & Gr.	and Individual) 4	No. of Certifs. 11 49 51 51 9 No. of	6 Amount 133,289 1,349,813 1,085,170 1,085,170	7	8	No. 28 182 189 189	10 Amount 569,947 4,549,311 4,503,590 4,503,590
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No. 17 133 138 138	2 Amount 436,658 3,199,498 3,418,420 3,418,420 3,418,420	(Group 3 No. of Ind. Pols. & Gr.	and Individual) 4	No. of Certifs. 11 49 51 51 9	6 Amount 133,289 1,349,813 1,085,170 1,085,170	7	8	No. 28 182 189 189	10 Amount 569,947 4,549,311 4,503,590 4,503,590

ACCIDENT AND HEALTH INSURANCE

Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

(a) Includes Individual Credit Life Insurance prior year \$

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	150,053	149,868		73,910	74,091
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	45,793	42,967		21,619	25,642
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	45,793	42,967		21,619	25,642
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		192,835		95,529	99,733

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	 		0
	and number of persons insured under indemnity only products	3.			

DIRECT BUSINESS IN THE STATE OF: WASHINGTON DURING THE YEAR 2011



63967201143048100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 857,844 522,673 1,380,517 Annuity considerations 5,200 5,200 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 1,385,717 863,044 522,673 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 29,246 29.246 6.2 Applied to pay renewal premiums 5.681 5.681 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 136,029 136,029 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 170,956 170,956 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 170,956 170,956 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 623,610 1,036,891 10. Matured endowments 11 Annuity benefits 67 276 67 276 Surrender values and withdrawals for life contracts 12. 318.450 318.450 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 5,056 5,056 1,014,392 413,281 Totals 1,427,673 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 96,087 60,708 156,795 17. Incurred during current year 21 668,479 24 365,073 45 1,033,552 Settled during current year: 1,036,891 18.1 By payment in full 21 623,610 28 413,281 49 18.2 By payment on compromised claims 18.3 Total paid 623,610 28 413,281 49 1,036,891 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 623,610 413,281 1,036,891 49 21 28 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 114,284,558 278,863,198 393,147,756 20. In force December 31, prior year 1,211 1,211 (a) Issued during year 39 11,832,911 39 11,832,911

a)	Includes Individual Credit Life Insurance prior year \$	0 , current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equal to 60	0 months at issue, prior year \$		0, current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER THAN	I 120 MONTHS prior year \$		0, current year \$	0

(5,126,329)

120,991,140

(56)

1,194

22

23

Other changes to in force (Net)

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

1 661 697

280,524,895

(56)

1.194

(3,464,632)

401,516,035

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	10,242	10,045		3,757	3,766
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b)	71,828	62,676		26,101	31,114
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)			[
25.6	Totals (sum of Lines 25.1 to 25.5)	71,828	62,676		26,101	31,114
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	82,070	72,721		29,858	34,880

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	2.	

DIRECT BUSINESS IN THE STATE OF: WEST VIRGINIA DURING THE YEAR 2011



63967201143049100

NAIC Gr	roup Code 4712		LI	FE IN	SURANCE				NAIC Con	npany Code	6396
11	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	ı	2 Credit Life p and Individual)	-	3 Group	In	4 dustrial		5 Total
1 Li	fe insurance	ì	271,659	(0100	- una marviadar)		89,471	""			361,13
2. Aı	nnuity considerations eposit-type contract funds		24						XXX		
4. O	ther considerations										
	otals (Lines 1 to 4) DIVIDENDS TO POLICYHOLDERS		271,683		,		89,471		,		361,15
Life Insu											
	aid in cash or left on deposit		3,260			l					3,26
6.3 Ap	pplied to pay renewal premiums pplied to provide paid-up additions or shorten e endowment or premium-paying period		810 14,735								
6.4 O	ther otals (Sum of Lines 6.1 to 6.4)		18,805								18,80
o.o 10 Annuitie:			10,000								10,01
	aid in cash or left on deposit										
7.3 0											
	otals (Sum of Lines 7.1 to 7.3) rand Totals (Lines 6.5 plus Line 7.4)		18,805								18,80
	CLAIMS AND BENEFITS PAID		10,000								10,0
	eath benefits	 	195,548				5,610				201,1
	atured endowments										
	nnuity benefits urrender values and withdrawals for life contracts		144 24,148								
13. A	ggregate write-ins for miscellaneous direct										
	aims and benefits paid Il other benefits, except accident & health										
15. To			219,840				5,610				225,45
	DETAILS OF WRITE-INS										
fro	ummary of remaining write-ins for Line 13 om overflow page otals (Lines 1301 through 1303 plus			N	ION	E					
13	398) (Line 13 above)				0						
			Ordinary	ł	Credit Life p and Individual)		Group	l In	dustrial		Total
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.	4	5	6	7	8	9	10
	INCURRED	No.	Amount	Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
	npaid December 31, prior year	2 27	16,423 213,350			Δ	5,610			2	16,42 218,96
Settled of	during current year:										2.0,00
	y payment in full y payment on compromised claims	25	195,548			4	5,610			29	201,1
	y payment on compromised claims	25	195,548			4	5,610			29	201,1
	eduction by compromise										
	mount rejected otal settlements	25	195,548			4	5,610			29	201,1
	npaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	34,225				- 7,- 12			4	34,2
POLICY	EXHIBIT					No. of Policies					
	force December 31, prior year	561	8,241,050		(a)		44,311,467			561	52,552,5
									i .		4 574 5
21. Is	sued during year ther changes to in force (Net)	60 (51)	1,571,509 (596,461)				(1,930,576)			60 (51)	1,571,50 (2,527,0)

1)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0		
	Includes Group Credit Life Insurance Loans less than or equal to	60 months at issue, prior year \$		0, current year \$	
	Loans greater than 60 months at issue BUT NOT GREATER TH	AN 120 MONTHS prior year \$		0, current year \$	0

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	17,581	17,432		9,069	9,091
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b)	25,256	22,818		10,720	12,376
25.3	Non-renewable for stated reasons only (b)		l			
25.4	Other accident only		l			
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	25,256	22,818		10,720	12,376
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	42,837	40,250		19,789	21,467

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: WISCONSIN DURING THE YEAR 2011



63967201143050100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 131,084 283,733 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 283,747 152,663 131,084 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 3,843 3,843 6.2 Applied to pay renewal premiums 1,434 1.434 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 14,815 14,815 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 20,092 20,092 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 20,092 20,092 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 143,920 146,215 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 12. 8.778 8.778 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 4.261 4.261 2,295 Totals 156,959 159,254 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 3,000 3,000 17. Incurred during current year 16 148,920 3,825 20 152,745 Settled during current year: 146,215 18.1 By payment in full 16 143,920 3 2,295 19 18.2 By payment on compromised claims 18.3 Total paid 16 143,920 2,295 19 146,215 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 146,215 16 143,920 2,295 19 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 8,000 9,530 POLICY EXHIBIT No of Policies 4,368,909 78,125,574 82,494,483 20. In force December 31, prior year 338 338 (a) Issued during year 63 823,577 63 823,577 22 Other changes to in force (Net) (38) (296.524) (6.501.132) (38) (6.797.656) 23 In force December 31, current year 4.895.962 71,624,442 76,520,404

)	Includes Individual Credit Life Insurance prior year \$	0, current year \$	0	
	Includes Group Credit Life Insurance Loans less than	or equal to 60 months at issue, prior year \$	0 , current year \$	0
	Loans greater than 60 months at issue BUT NOT GRE	ATER THAN 120 MONTHS prior year \$	0 , current year \$	0

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	3,702	3,780		3,822	3,832
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	16,724	15,824		3,791	1,459
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,724	15,824		3,791	1,459
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,426	19,604		7,613	5,291

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: WYOMING **DURING THE YEAR 2011**



DIRECT PREMIUMS AND ANNUITY		1		2 Credit Life		3		4		5
CONSIDERATIONS		Ordinary	(Grou	p and Individual)		Group	ln	dustrial		Total
1. Life insurance		78,739				39,438				118,17
Annuity considerations Deposit-type contract funds		45,992		XXX				XXX		45,992
4. Other considerations5. Totals (Lines 1 to 4)		124,731				39,438				164,169
DIRECT DIVIDENDS TO POLICYHOLDERS						,				,
Life Insurance:										
6.1 Paid in cash or left on deposit		2,628								2,62
6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten										
the endowment or premium-paying period 6.4 Other		10,709								
6.5 Totals (Sum of Lines 6.1 to 6.4)		13,763								13,76
Annuities:										
7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
Grand Totals (Lines 6.5 plus Line 7.4) DIRECT CLAIMS AND BENEFITS PAID		13,763								13,76
		10.000				21 500				21 50
Death benefits Matured endowments						21,500				
11. Annuity benefits		26,399								26,39
12. Surrender values and withdrawals for life contracts										
 Aggregate write-ins for miscellaneous direct claims and benefits paid 										
All other benefits, except accident & health										
					I					
15. Totals		36,399				21,500				57,89
15. Totals DETAILS OF WRITE-INS		36,399				21,500		:		57,89
15. Totals DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page		36,399	N	ION		21,500				57,89
15. Totals DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus		36,399		Credit Life		21,500				57,89
DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)		Ordinary	(Grou	Credit Life p and Individual)		Group		dustrial		Total
15. Totals DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus				Credit Life	5		In	dustrial 8	9	
15. Totals DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS	1	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of	Group 6	7	8		Total 10
DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary	(Grou 3 No. of Ind.	Credit Life p and Individual)	5	Group		1	9 No.	Total
15. Totals DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of	Group 6	7	8	No.	Total 10
DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year	No.	Ordinary 2 Amount 10,000	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs 4	Group 6 Amount 21,500	7	8	No	Total 10 Amount 31,50
DETAILS OF WRITE-INS 301. 302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 5ettled during current year 6ettled during current year 18.1 By payment in full	1	Ordinary 2	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs.	Group 6	7	8	No.	Total 10 Amount 31,50
DETAILS OF WRITE-INS 101. 102. 103. 108. Summary of remaining write-ins for Line 13 from overflow page 109. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid	No.	Ordinary 2 Amount 10,000	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs 4	Group 6 Amount 21,500	7	8	No	Total 10 Amount 31,50
DETAILS OF WRITE-INS DETAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF Line 13 from overflow page DITAILS (Lines 1301 through 1303 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1303 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1309 plus 1398) (Line 13 above) DITAILS OF WRITE-INS AND MATURED FOR LINE 1309 plus 130	No	Ordinary 2 Amount 10,000	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs4	Group 6 Amount 21,500	7	8	No. 5	Total 10 Amount 31,50
DETAILS OF WRITE-INS DETAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF LINE 13 From overflow page DITAILS (Lines 1301 through 1303 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1303 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above) DITAILS OF LINE 1309 plus 1	No	Amount 10,000 10,000	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs4	Group 6 Amount 21,500 21,500	7	8	No. 5	Total 10 Amount 31,56 31,56
DETAILS OF WRITE-INS DETAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF WRITE-INS DITAILS OF Line 13 from overflow page DITAILS (Lines 1301 through 1303 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1303 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above) DITAILS (Lines 1301 through 1309 plus 1398) (Line 13 above)	No	Ordinary 2 Amount 10,000	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs4	Group 6 Amount 21,500	7	8	No. 5	Total 10 Amount 31,56 31,56
DETAILS OF WRITE-INS 301. 302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No	Amount 10,000 10,000	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs	Group 6 Amount 21,500 21,500	7	8	No. 5	Total 10 Amount 31,50 31,50
DETAILS OF WRITE-INS 301. 302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	No	Amount 10,000 10,000 9,562,452	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4	5 No. of Certifs	Group 6 Amount 21,500 21,500	7	8	No. 5 5 5 5	Total 10 Amount 31,50 31,50 33,904,98
DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT	1 No	Amount 10,000 10,000 10,000	(Grou 3 No. of Ind. Pols. & Gr.	Credit Life p and Individual) 4 Amount	5 No. of Certifs	Group 6 Amount 21,500 21,500 21,500	7	8	No. 5	Total 10

a)	Includes Individual Credit Life Insurance prior year \$	O, current year \$	0	
	Includes Group Credit Life Insurance Loans less than or equ	ual to 60 months at issue, prior year \$	0 , current year \$	(
	Loans greater than 60 months at issue BUT NOT GREATER	R THAN 120 MONTHS prior year \$	0 , current year \$	0

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	4,037	4,022		3,031	3,038
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	7,331	5,286		963	1,153
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,331	5,286		963	1,153
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,368	9,308		3,994	4,191

(b)	For health business on indicated lines report: Number of persons insured un	der PPO managed care products	
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: AMERICAN SAMOA **DURING THE YEAR 2011**



NAIC	Group Code 4712		LI	FE IN	SURANCE	•			NAIC Con	npany Code	63967			
	DIRECT PREMIUMS AND ANNUITY		1		2 Credit Life		3		4		5			
	CONSIDERATIONS	(Ordinary	ı	p and Individual)		Group	In	dustrial		Total			
2.	Life insurance Annuity considerations Deposit-type contract funds		51		XXX		1,657		XXX		1,708			
	Other considerations Totals (Lines 1 to 4)		51				1,657				1,708			
DIRE	CT DIVIDENDS TO POLICYHOLDERS													
6.1 6.2 6.3	nsurance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period Other													
7.1 7.2 7.3 7.4	Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 7.1 to 7.3)													
	Grand Totals (Lines 6.5 plus Line 7.4) CT CLAIMS AND BENEFITS PAID													
9. 10. 11. 12. 13.	Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident & health Totals													
	DETAILS OF WRITE-INS													
	Summary of remaining write-ins for Line 13 from overflow page						NON		_					
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)													
		(Ordinary	ł	Credit Life p and Individual)		Group	In	dustrial		Total			
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind. Pols. & Gr.	4	5 No. of	6	7	8	9	10			
16.	Unpaid December 31, prior year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount			
17. Settle 18.1	Incurred during current year ed during current year: By payment in full													
18.3 18.4	By payment on compromised claims Total paid Reduction by compromise Amount rejected													
18.6	Total settlements													
	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT					No. of								
	In force December 31, prior year				(a)	Policies	1,044,150				1,044,150			
21. 22.	Other changes to in force (Net) In force December 31, prior year				(a)		(167,600) 876,550				(167,600) 876,550			
	Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less that Loans greater than 60 months at issue BUT NOT GF	or equal to		prior year \$	0 0 , current 0	-	0				<i>5,</i> 5,550			

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
			I		
24.2 Credit (Group and individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees					
24.4 Medicare Title XVIII exempt from state					
taxes or fees		INCIN			
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)				l	
25.4 Other accident only	1	l			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6))				·

(b)	For health business on indicated lines report: Number of persons insured unc	ler PPO managed care products	 	 	0
	and number of persons insured under indemnity only products	0.			

DIRECT BUSINESS IN THE STATE OF: GUAM DURING THE YEAR 2011



63967201143053100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 21,222 119,744 140,966 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 119,744 140,966 21,222 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 251 251 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 8,642 8,642 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 8,893 8,893 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 8,893 8,893 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 318,604 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 12. Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 318,604 15 Totals 318,604 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs No. Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 1,538 1,538 17. Incurred during current year 383,816 6 383,816 6 Settled during current year: 318,604 18.1 By payment in full 318,604 5 5 18.2 By payment on compromised claims 18.3 Total paid 318,604 318,604 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 318,604 5 318,604 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 66,750 66,750 POLICY EXHIBIT No of Policies 672,972 59,237,614 59,910,586 20. In force December 31, prior year 29 (a) 29 Issued during year 22 Other changes to in force (Net) 5 388 (7.975.563) (7.970.175)23 In force December 31, current year 29 678,360 51,262,051 51,940,411 Includes Individual Credit Life Insurance prior year \$ 0, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

0 . current year \$

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)	751	754			
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Credit (Group and Individual) Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state					
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	l				
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		754			

(b)	For health business on indicated lines report: Number of persons insured under PPO n	nanaged care products	 	 	0
	and number of persons insured under indemnity only products 4.				

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: PUERTO RICO **DURING THE YEAR 2011**



LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 11,640 18,114 29,754 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 11,640 18,114 29,754 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 1,169 1,169 6.2 Applied to pay renewal premiums 117 117 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 2,388 2,388 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 3,674 3,674 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 3,674 3,674 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 12. 1.152 1.152 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 1,152 Totals 1,152 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Industrial Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs. No. Amount Amount Amount No. Amount No. Amount Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 360,252 12,189,374 12,549,626 20. In force December 31, prior year 23 (a) 23 Issued during year 22 Other changes to in force (Net) 5 720 243 559 (1) 249.279 23. In force December 31, current year 365,972 12,432,933 12,798,905 Includes Individual Credit Life Insurance prior year \$ 0, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current vear \$

0

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	1,564	1,564			
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,564			

(b)	For health business on indicated lines report: Number of persons insured unc	ler PPO managed care products	 	 0
	and number of persons insured under indemnity only products	0.		

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: US VIRGIN ISLANDS DURING THE YEAR 2011



63967201143055100

NAIC Gro	up Code 4712		LI	FE IN	SURANCE				NAIC Con	npany Code	63967
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	(1 Ordinary	1	2 Credit Life p and Individual)		3 Group	In	4 dustrial		5 Total
2. Ann 3. Dep 4. Othe	insurance uity considerations osit-type contract funds er considerations		412		XXX		5,527		(XX		5,939
	Is (Lines 1 to 4) IVIDENDS TO POLICYHOLDERS		412		;		5,527				5,939
Life Insura 6.1 Paic 6.2 App 6.3 App the	nce: I in cash or left on deposit lied to pay renewal premiums lied to provide paid-up additions or shorten endowment or premium-paying period		305								305
6.4 Othe 6.5 Tota	er als (Sum of Lines 6.1 to 6.4)		305								305
7.2 App 7.3 Othe											
	als (Sum of Lines 7.1 to 7.3) nd Totals (Lines 6.5 plus Line 7.4)		305								305
	LAIMS AND BENEFITS PAID						-				
10. Mate 11. Ann 12. Surr 13. Agg	th benefits ured endowments uity benefits ender values and withdrawals for life contracts regate write-ins for miscellaneous direct ms and benefits paid other benefits, except accident & health										
15. Tota	DETAILS OF WRITE-INS										
from 1399. Tota	nmary of remaining write-ins for Line 13 n overflow page als (Lines 1301 through 1303 plus B) (Line 13 above)			N	ION						
			Ordinan		Credit Life p and Individual)		Croun	ln.	dustrial		Total
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	Ordinary 2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
1	aid December 31, prior year reference of the control of the contro										
Settled dui 18.1 By p 18.2 By p 18.3 Tota	ring current year: payment in full payment on compromised claims al paid										
18.5 Amo	uction by compromise bunt rejected al settlements aid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY E	, , , ,					No. of					
21. Issu 22. Othe	orce December 31, prior year ed during year er changes to in force (Net) orce December 31, current year	2	23,953		(a)	Policies	7,760,750 (2,332,500) 5,428,250			2	7,784,703 (2,332,500) 5,452,203
Inclu	udes Individual Credit Life Insurance prior year \$ udes Group Credit Life Insurance Loans less that ns greater than 60 months at issue BUT NOT GF	n or equal to (N 120 MONTHS pri	prior year \$ or year \$	0 0, curre 0, current		ANCE				
		, , , , ,									

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Collectively renewable policies (b) Medicare Title XVIII exempt from state		RI/ YRI			
	taxes or fees					
	Other Individual policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products		 	0
	and number of persons insured under indemnity only products	0.			

DIRECT BUSINESS IN THE STATE OF: NORTHERN MARIANA ISLANDS DURING THE YEAR 2011



63967201143056100

NAIC	Group Code 4712		LI	FE IN	SURANCE	=			NAIC Con	pany Code	63967
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	(1 Ordinary		2 Credit Life p and Individual)		3 Group	In	4 dustrial		5 Total
2. 3. 4.	Life insurance Annuity considerations Deposit-type contract funds Other considerations				XXX		1,587		XXX		1,587
	Totals (Lines 1 to 4) CT DIVIDENDS TO POLICYHOLDERS						1,587				1,587
	nsurance:										
6.1 6.2	Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten										
	the endowment or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)										
7.2	ities: Paid in cash or left on deposit Applied to provide paid-up annuities Other										
	Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus Line 7.4)										
	CT CLAIMS AND BENEFITS PAID										
10.	Death benefits Matured endowments Annuity benefits										
13.	Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid										
	All other benefits, except accident & health Totals										
1001	DETAILS OF WRITE-INS										
1301. 1302. 1303. 1398.	Summary of remaining write-ins for Line 13 from overflow page			N	ION						
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
		,	Ondinon	ł	Credit Life p and Individual)		Group	l _m	de atrial		Tatal
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	Ordinary 2	3 No. of Ind. Pols. & Gr.	4	5 No. of	6	7	dustrial 8	9	Total 10
		No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
17. Settle	Unpaid December 31, prior year Incurred during current year ad during current year:										
18.2	By payment in full By payment on compromised claims Total paid										
18.5	Reduction by compromise Amount rejected Total settlements										
	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLI	CY EXHIBIT					No. of Policies					
21. 22.	In force December 31, prior year Issued during year Other changes to in force (Net) In force December 31, current year				(a)		687,000 (687,000)				(687,000)
	Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less that Loans greater than 60 months at issue BUT NOT GF	n or equal to		prior year \$	0 , curre		0		<u> </u>		
		ACC	CIDENT A	AND H	IEALTH IN	ISUR	RANCE				
			1		2		3		4		5

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)					
24.1						
	premium (b)					
24.3	Collectively renewable policies (b)					
24.4	Collectively renewable policies (b) Medicare Title XVIII exempt from state taxes or fees		RI/ YRI			
	taxes or fees					
	Other Individual policies:					
	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	 		0
	and number of persons insured under indemnity only products	0.			

DIRECT BUSINESS IN THE STATE OF: CANADA **DURING THE YEAR 2011**



NAIC Group Code 4712		LI	FE IN	SURANCI				NAIC Con	npany Code	63967
DIRECT PREMIUMS AND		1		2		3		4		5
ANNUITY CONSIDERATIONS		Ordinary	1	Credit Life p and Individual)		Group	In	dustrial		Total
Life insurance		256	İ			43				299
2. Annuity considerations										
Deposit-type contract funds Other considerations				XXX				XXX		
Other considerations Totals (Lines 1 to 4)		256				43				299
DIRECT DIVIDENDS TO POLICYHOLDERS				,		10				200
Life Insurance:										
6.1 Paid in cash or left on deposit		540								540
6.2 Applied to pay renewal premiums		153								153
6.3 Applied to provide paid-up additions or shorten		4.004								1 001
the endowment or premium-paying period 6.4 Other		1,324								1,324
6.5 Totals (Sum of Lines 6.1 to 6.4)		2,017								2,017
Annuities:		,								,
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)		2,017								2,017
DIRECT CLAIMS AND BENEFITS PAID										
Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct										
claims and benefits paid 14. All other benefits, except accident & health										
15. Totals										
DETAILS OF WRITE-INS										
1301.										
1302.	l		.							
1303.				10N						
1398. Summary of remaining write-ins for Line 13			_							
from overflow page										
1398) (Line 13 above)										
# 1				Credit Life		i				
	(Ordinary	· · ·	p and Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS	1	2	3	4	5	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED			No. of Ind. Pols. & Gr.		No. of			•		
MOORRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					11	7,688			1	7,688
17. Incurred during current year						(7,625)				(7,625)
Settled during current year: 18.1 By payment in full					1	63			1	62
18.1 By payment in full 18.2 By payment on compromised claims					!	0.3			!	63
18.3 Total paid					1	63			1	63
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					1	63			1	63
POLICY EXHIBIT					No. of					
1 OLIGI LAHIBH					Policies					
20. In force December 31, prior year	7	134,590		(a)		60,000			7	194,590
21. Issued during year						(00.000)				(57.000)
Other changes to in force (Net) In force December 31, current year	7	2,132 136,722		(a)		(60,000)				(57,868) 136,722
		130,722		(a)	1]				130,122
(a) Includes Individual Credit Life Insurance prior year \$		0, current year \$		0						
Includes Group Credit Life Insurance Loans less that	n or equal to	60 months at issue,	prior year \$	0 , curre	ent year \$	0				
Loans greater than 60 months at issue BUT NOT G	REATER THA	N 120 MONTHS pri	ior year \$	0 , current	year \$	0				

		1	2	3	4	5
			Direct	Dividends Paid	Direct	Direct
			Premiums	or Credited on	Losses	Losses
		Direct Premiums	Earned	Direct Business	Paid	Incurred
24.	Group policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Collectively renewable policies (b) Medicare Title XVIII exempt from state taxes or fees					
	taxes or fees		INCIN			
	Other Individual policies:					
25.1	Non-cancelable (b)		l			
25.2	Non-cancelable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b)	For health business on indicated lines report: Number of persons insured und	der PPO managed care products	 		0
	and number of persons insured under indemnity only products	0.			

DIRECT BUSINESS IN THE STATE OF: OTHER ALIEN DURING THE YEAR 2011



63967201143058100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 283,232 642,676 925,908 Annuity considerations 17,339 17,339 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 642,676 300,571 943,247 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 5,805 5,805 6.2 Applied to pay renewal premiums 2.651 2.651 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 41,369 41,369 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 49,825 49,825 Annuities: 7.1 Paid in cash or left on deposit 113 113 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 113 113 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 49,938 49,938 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 392,097 88,265 10. Matured endowments 11 Annuity benefits 8 317 8 317 Surrender values and withdrawals for life contracts 12. 341.710 341.710 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 438,292 303,832 742,124 15 Totals DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1399. 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 6,106 22,030 28,136 17. Incurred during current year 6 98,788 285,737 10 384,525 Settled during current year: 392,034 18.1 By payment in full 88,265 303,769 11 18.2 By payment on compromised claims 18.3 Total paid 4 88,265 303,769 11 392,034 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 88,265 303,769 11 392,034 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 16,629 20,627 POLICY EXHIBIT No of Policies 130,243,788 487,757,306 618,001,094 20. In force December 31, prior year 582 582 (a) Issued during year 22 Other changes to in force (Net) (29) (331.691) (26.842.043) (29) (27.173.734)

1)	Includes Individual Credit Life Insurance prior year \$0 , current year \$	0	
	Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior ye	ar \$0, current ye	ear \$
	Loans greater than 60 months at issue BLIT NOT GREATER THAN 120 MONTHS prior year	\$ 0 current year	·\$ 0

129,912,097

553

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

460,915,263

553

590,827,360

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	50,899	50,459		8,031	8,050
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees	l				
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	1	l			
25.4 Other accident only	1				
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,899	50,459		8,031	8,050

(b)	For health business on indicated lines report: Number of persons insured und	ler PPO managed care products	0
	and number of persons insured under indemnity only products	0.	

DIRECT BUSINESS IN THE STATE OF: GRAND TOTAL DURING THE YEAR 2011



63967201143059100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Group Industrial Ordinary Tota Life insurance 42,731,720 18,166,480 60,898,200 Annuity considerations 3,351,522 3,351,522 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 46,083,242 18,166,480 64,249,722 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 1,376,698 1.376.698 6.2 Applied to pay renewal premiums 278.674 278.674 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 5,008,518 5,008,518 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 6,663,890 6,663,890 Annuities: 7.1 Paid in cash or left on deposit 3,526 3,526 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 3.526 3.526 8. Grand Totals (Lines 6.5 plus Line 7.4) 6,667,416 6,667,416 DIRECT CLAIMS AND BENEFITS PAID 28,271,208 9. Death benefits 41,241,191 10. Matured endowments 171,187 171,187 11 Annuity benefits 6 547 714 6 547 714 Surrender values and withdrawals for life contracts 15.633.197 12. 15.633.197 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 224,184 224,184 12,969,983 Totals 50,847,490 63,817,473 DETAILS OF WRITE-INS 1301 **NONE** 1302. 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life Ordinary (Group and Individual) Group Industrial Total DIRECT DEATH BENEFITS 5 9 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr No. of Certifs Certifs No Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 209 3,090,219 2,675,247 347 5,765,466 17. Incurred during current year 1,780 28,265,708 623 12,924,697 2,403 41,190,405 Settled during current year: 28,442,395 41,412,378 18.1 By payment in full 1,762 651 12,969,983 2,413 18.2 By payment on compromised claims 18.3 Total paid 1,762 28,442,395 651 12,969,983 2,413 41,412,378 18.4 Reduction by compromise

a)	Includes Individual Credit Life Insurance prior year \$	0, current year \$.0		
	Includes Group Credit Life Insurance Loans less than or equal to 60	0 months at issue, prior year \$		0, current year \$	(
	Loans greater than 60 months at issue BUT NOT GREATER THAN	120 MONTHS prior year \$		0, current year \$	0

28,442,395

2,913,532

4,291,549,977

263,094,096

(252.611.259)

4,302,032,814

1,762

227

79,876

5,129

(6.053)

78.952

18.5 Amount rejected18.6 Total settlements

POLICY EXHIBIT

22

23

19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)

20. In force December 31, prior year

Other changes to in force (Net)

In force December 31, current year

Issued during year

ACCIDENT AND HEALTH INSURANCE

(a)

12,969,983

10,441,960,68

(419 299 247)

10,022,661,43

651

110

No. of Policies 41,412,378

14,733,510,659

263,094,096

(671.910.506)

14,324,694,249

2,413

79,878

(6,053)

78,954

	1	2	3	4	5
		Direct	Dividends Paid	Direct	Direct
		Premiums	or Credited on	Losses	Losses
	Direct Premiums	Earned	Direct Business	Paid	Incurred
24. Group policies (b)	1,328,561	1,319,555		1,024,297	1,026,797
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					1
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state					
taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	12,557,391	11,789,303		7,212,802	8,330,955
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.4 Other accident only 25.5 All other (b)	222	222		532	532
25.6 Totals (sum of Lines 25.1 to 25.5)	12,557,613	11,789,525		7,213,334	8,331,487
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,886,174	13,109,080		8,237,631	9,358,284

(b)	For health business on indicated lines report: Number of persons insured	under PPO managed care products	0
	and number of persons insured under indemnity only products	43.	

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
Reserve as of December 31, prior year	5,684,432
2. Current year's realized pre-tax capital gains/(losses) of \$ 1,687,883 transferred into the reserve net of taxes of \$ 573,880	1,114,003
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	6,798,435
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	1,176,496
6. Reserve as of December 31, current year (Line 4 minus Line 5)	5,621,939

Amortization

	Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/ (Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1.	2011	1,104,299	72,197		1,176,496
2.	2012	693,627	139,050		832,677
3.	2013	560,062	123,534		683,596
4.	2014	472,125	107,436		579,561
5.	2015	409,324	90,768		500,092
6.	2016	360,011	73,003		433,014
7.	2017	324,631	62,982		387,613
8.	2018	281,648	60,816		342,464
9.	2019	233,837	57,885		291,722
10.	2020	185,608	55,991		241,599
11.	2021	161,226	53,149		214,375
12.	2022	150,542	48,511		199,053
13.	2023	133,169	42,098		175,267
14.	2024	119,042	35,273		154,315
15.	2025	105,890	28,241		134,131
16.	2026	85,417	20,380		105,797
17.	2027	65,973	14,785		80,758
18.	2028	50,046	11,870		61,916
19.	2029	39,112	8,746		47,858
20.	2030	31,205	5,414		36,619
21.	2031	24,726	1,874		26,600
22.	2032	19,571			19,571
23.	2033	17,057			17,057
24.	2034	14,972			14,972
25.	2035	13,185			13,185
26.	2036	10,988			10,988
27.	2037	8,207			8,207
28.	2038	5,306			5,306
29.	2039	2,824			2,824
30.	2040	797			797
31.	2041 and Later				
32.	Total (Lines 1 to 31)	5,684,427	1,114,003		6,798,430

ASSET VALUATION RESERVE

		Default Component			Equity Component		7
	1	2	3	4	5	6	
	Other						
	Than				Real Estate and		
	Mortgage	Mortgage	Total	Common	Other Invested	Total	Total Amount
	Loans	Loans	(Cols. 1 + 2)	Stock	Assets	(Cols. 4 + 5)	(Cols. 3 + 6)
Reserve as of December 31, prior year	3,124,609	9,058,288	12,182,897	611,419	883,049	1,494,468	13,677,365
Realized capital gains/(losses) net of taxes-General Account	(103,421)		(103,421)	1,011	(658,137)	(657,126)	(760,547)
2. Dealined assistal asias//leases) and of toward Consents Assessate							
Unrealized capital gains/(losses) net of deferred taxes-General Account	(86,678)	(217,800)	(304,478)	(262,757)		(262,757)	(567,235)
Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments							
or reserves							
7. Basic contribution	559,725	3,025,932	3,585,657				3,585,657
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	3,494,235	11,866,420	15,360,655	349,673	224,912	574,585	15,935,240
9. Maximum reserve	2,891,953	9,161,207	12,053,160	410,073	1,297,360	1,707,433	13,760,593
10. Reserve objective	2,053,951	5,781,838	7,835,789	408,473	1,297,360	1,705,833	9,541,622
11. 20% of (Line 10 - Line 8)	(288,057)	(1,216,916)	(1,504,973)	11,760	214,490	226,250	(1,278,723)
12. Balance before transfers (Lines 8 + 11)	3,206,178	10,649,504	13,855,682	361,433	439,402	800,835	14,656,517
13. Transfers	(314,226)	(592,373)	(906,599)	48,641	857,958	906,599	XXX
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero		(895,923)	(895,923)				(895,923)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	2,891,952	9,161,208	12,053,160	410,074	1,297,360	1,707,434	13,760,594

29

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

				1	2	3	4	Basic Co	ontribution	Reserve	Objective	Maximur	n Reserve
Line	-	IAIC		Book/ Adjusted	Reclassify	Add	Balance for AVR Reserve	5	6	7	8	9	10
Nun	n- De	esig-		Carrying	Related Party	Third Party	Calculations		Amount		Amount		Amount
ber	r na	ation	Description	Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols. 4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
			LONG-TERM BONDS										
1			Exempt Obligations	58,007,264	XXX	XXX	58,007,264	0.0000	l	0.0000		0.0000	
2		1	Highest Quality	364,077,269	XXX	XXX	364,077,269	0.0004	145,631	0.0023	837,378	0.0030	1,092,232
3		2	High Quality	107,980,091	XXX	XXX	107,980,091	0.0019	205,162	0.0058	626,285	0.0090	971,821
4		3	Medium Quality	3,738,361	XXX	X X X	3,738,361	0.0093	34,767	0.0230	85,982	0.0340	127,104
5		4	Low Quality	5,826,173	XXX	XXX	5,826,173	0.0213	124,097	0.0530	308,787	0.0750	436,963
6		5	Lower Quality	888,083	XXX	XXX	888,083	0.0432	38,365	0.1100	97,689	0.1700	150,974
7		6	In or Near Default	332,324	XXX	XXX	332,324	0.0000		0.2000	66,465	0.2000	66,465
8			Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9			Total Bonds (Sum of Lines 1 through 8)	540,849,565	XXX	XXX	540,849,565	XXX	548,022	XXX	2,022,586	XXX	2,845,559
			PREFERRED STOCKS										
10)	1	Highest Quality	1,000,000	X X X	x x x	1,000,000	0.0004	400	0.0023	2,300	0.0030	3,000
11		2	High Quality	1,007,500	XXX	XXX	1,007,500	0.0019	1,914	0.0058	5,844	0.0090	9,068
12	<u> </u>	3	Medium Quality	1,009,600	XXX	XXX	1,009,600	0.0093	9,389	0.0230	23,221	0.0340	34,326
13	;	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
14	.	5	Lower Quality		XXX	X X X		0.0432		0.1100		0.1700	
15	;	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
16	;		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17			Total Preferred Stocks (Sum of Lines 10 through 16)	3,017,100	X X X	XXX	3,017,100	XXX	11,703	XXX	31,365	XXX	46,394
			SHORT-TERM BONDS										
18	3		Exempt Obligations	11,794,233	XXX	XXX	11,794,233	0.0000	[0.0000		0.0000	
19)	1	Highest Quality		XXX	XXX	[0.0004	[0.0023		0.0030	
20)	2	High Quality	[XXX	X X X	[0.0019	[0.0058	[]	0.0090	1
21		3	Medium Quality		XXX	XXX	[0.0093	[0.0230		0.0340	
22	2	4	Low Quality		X X X	x x x		0.0213		0.0530		0.0750	1
23	;	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
24	.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
25	5]	Total Short-term Bonds (Sum of Lines 18 through 24)	11,794,233	XXX	XXX	11,794,233	XXX		XXX		XXX	

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

			1	2	3	4	Basic Cor	ntribution	Reserve	Objective	Maximum	Reserve
			Book/			Balance for	5	6	7	8	9	10
Line			Adjusted	Reclassify	Add	AVR Reserve						
Num	- Desig-		Carrying	Related Party	Third Party	Calculations		Amount		Amount		Amount
ber	nation	Description	Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols. 4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		DERIVATIVE INSTRUMENTS										
26		Exchange Traded		XXX	XXX		0.0004		0.0023		0.0030	
27	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
28	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
29	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
30	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
31	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
32	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
33		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34		TOTAL (Lines 9 + 17 + 25 + 33)	555,660,898	XXX	XXX	555,660,898	XXX	559,725	XXX	2,053,951	XXX	2,891,953
		MORTGAGE LOANS										
		In Good Standing:										
35 پي		Farm Mortgages			XXX		0.0221 (a)		0.0420 (a)		0.0665 (a)	
36		Residential Mortgages-Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
37		Residential Mortgages-All Other			XXX		0.0013		0.0030		0.0040	
38		Commercial Mortgages-Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
39		Commercial Mortgages-All Other	132,417,050		XXX	132,417,050	0.0221 (a)	2,926,417	0.0420 (a)	5,561,516	0.0665 (a)	8,805,734
40		In Good Standing With Restructured Terms	2,241,320		XXX	2,241,320	0.0444 (b)	99,515	0.0983 (b)	220,322	0.1586 (b)	355,473
		Overdue, Not in Process:										
41		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
42		Residential Mortgages-Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
43		Residential Mortgages-All Other			XXX		0.0025		0.0058		0.0090	
44		Commercial Mortgages-Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
45		Commercial Mortgages-All Other			XXX		0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
46		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
47		Residential Mortgages-Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
48		Residential Mortgages-All Other			X X X		0.0000	[0.0130		0.0130	
49		Commercial Mortgages-Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
50		Commercial Mortgages-All Other			XXX		0.0000		0.1700		0.1700	
51		Total Schedule B Mortgages (Sum of Lines 35 through 50)										
		(Page 2, Line 3, Net Admitted Assset)	134,658,370		X X X	134,658,370	XXX	3,025,932	XXX	5,781,838	XXX	9,161,207
52		Schedule DA Mortgages			XXX		(c)		(c)		(c)	
53		Total Mortgage Loans on Real Estate (Lines 51 + 52)	134,658,370	<u> </u>	XXX	134,658,370	XXX	3,025,932	XXX	5,781,838	XXX	9,161,207

⁽a) Times the company's Experience Adjustment Factor (EAF).

⁽b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

⁽c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

				1	2	3	1	Basic Co	ntribution	Reserve (Ohiective	Maximum	Reserve
				Book/	2	3	Balance for	5	6	7	Sbjective 8	9	10
Line	e N	NAIC		Adjusted	Reclassify	Add	AVR Reserve	ŭ		,	Ů	v	
Num	-	esig-		Carrying	Related Party	Third Party	Calculations		Amount		Amount		Amount
ber		ation	Description	Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols. 4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
- 20.			COMMON STOCK	7 0.100			(00:0: 1 2 0)	. 40.0.	(00.01 1 7 0)	1 40(0)	(00.01 1 7 1)		(00.01 1 / 0)
1			Unaffiliated Public	2,328,201	XXX	x x x	2,328,201	0.0000		0.1743 (d)	405,805	0.1743 (d)	405,805
2			Unaffiliated Private		XXX	XXX		0.0000		0.1600		0.1600	
3			Federal Home Loan Bank	533,500	XXX	XXX	533,500	0.0000		0.0050	2,668	0.0080	4,268
4			Affiliated Life with AVR	1,858,688	XXX	XXX	1,858,688	0.0000		0.0000		0.0000	
			Affiliated Investment Subsidiary:										
5			Fixed Income Exempt Obligations					XXX		X X X		XXX	
6			Fixed Income Highest Quality					XXX		X X X		XXX	
7			Fixed Income High Quality					XXX		X X X		XXX	
8			Fixed Income Medium Quality					XXX		XXX		XXX	
9			Fixed Income Low Quality					XXX		XXX		XXX	
10)		Fixed Income Lower Quality					XXX		X X X		XXX	
11			Fixed Income In or Near Default					XXX		X X X		XXX	
12	- 1		Unaffiliated Common Stock Public					0.0000		(d)		(d)	
13	3		Unaffiliated Common Stock Private					0.0000		0.1600		0.1600	
14	.		Mortgage Loans					(c)		(c)		(c)	
15	5		Real Estate					(e)		(e)		(e)	
16	6		Affiliated-Certain Other (See SVO Purposes & Procedures Manual)		XXX	X X X		0.0000		0.1300		0.1300	
17	- 1		Affiliated-All Other		XXX	X X X		0.0000		0.1600		0.1600	
18	3		Total Common Stock (Sum of Lines 1 through 17)	4,720,389			4,720,389	XXX		XXX	408,473	XXX	410,073
			REAL ESTATE										
19	- 1		Home Office Property (General Account only)	6,888,227			6,888,227	0.0000		0.0750	516,617	0.0750	516,617
20			Investment Properties	2,450,585			2,450,585	0.0000		0.0750	183,794	0.0750	183,794
21	- 1		Properties Acquired in Satisfaction of Debt	5,426,812			5,426,812	0.0000		0.1100	596,949	0.1100	596,949
22	2		Total Real Estate (Sum of Lines 19 through 21)	14,765,624			14,765,624	XXX		XXX	1,297,360	XXX	1,297,360
			OTHER INVESTED ASSETS										
			INVESTMENTS WITH THE UNDERLYING										
			CHARACTERISTICS OF BONDS										
23			Exempt Obligations		XXX	X X X		0.0000		0.0000		0.0000	
24		1	Highest Quality		X . X . X	X X X X A	\ 	0.0004		0.0023		0.0030	
25	- 1	2	High Quality		XXX	<u>X</u>)NE	0.0019		0.0058		0.0090	
26	- 1	3	Medium Quality		XXX	X X X		0.0093		0.0230		0.0340	
27	- 1	4	Low Quality		XXX	X X X		0.0213		0.0530		0.0750	
28		5	Lower Quality		XXX	X X X		0.0432		0.1100		0.1700	
29	1	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
30)		Total with Bond Characteristics (Sum of Lines 23 through 29)		XXX	XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE (continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

		1	2	3	4	Basic Con	tribution	Reserve (Objective	Maximum	Reserve
		Book/			Balance for	5	6	7	8	9	10
Line NAIC		Adjusted	Reclassify	Add	AVR Reserve						
Num- Desig	_	Carrying	Related Party	Third Party	Calculations		Amount		Amount		Amount
ber nation	Description	Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols. 4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
	INVESTMENTS WITH THE UNDERLYING				,		,		,		,
	CHARACTERISTICS OF PREFERRED STOCKS										
31 1	Highest Quality		X X X	x x x		0.0004		0.0023		0.0030	
32 2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
33 3	Medium Quality		XXX	X _X X		0.0093		0.0230		0.0340	
34 4	Low Quality		XXX	X		0.0213		0.0530		0.0750	
35 5	Lower Quality		XXX	X X		0.0432		0.1100		0.1700	
36 6	In or Near Default		XXX	X X X		0.0000		0.2000		0.2000	
37	Affiliated Life with AVR		XXX	X X X		0.0000		0.0000		0.0000	
38	Total with Preferred Stock Characteristics										
	(Sum of Lines 31 through 37)		X X X	x x x		x x x		XXX		x x x	
	INVESTMENTS WITH THE UNDERLYING										
	CHARACTERISTICS OF MORTGAGE LOANS										
	In Good Standing:										
39	Farm Mortgages			x x x		(a)		(a)		(a)	
40	Residential Mortgages-Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
41	Residential Mortgages-All Other		XXX	XXX		0.0013		0.0030		0.0040	
42	Commercial Mortgages-Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
43	Commercial Mortgages-All Other			XXX		(a)		(a)		(a)	
44	In Good Standing With Restructured Terms			X X X		(b)		(b)		(b)	
	Overdue, Not in Process:										
45	Farm Mortgages	1		XXIA		0.0420		0.0760		0.1200	
46	Residential Mortgages-Insured or Guaranteed	1		x	NE	0.0005		0.0012		0.0020	
47	Residential Mortgages-All Other			X X X		0.0025		0.0058		0.0090	
48	Commercial Mortgages-Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
49	Commercial Mortgages-All Other			X X X		0.0420		0.0760		0.1200	
	In Process of Foreclosure:										
50	Farm Mortgages			x x x		0.0000		0.1700		0.1700	
51	Residential Mortgages-Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
52	Residential Mortgages-All Other			X X X		0.0000		0.0130		0.0130	
53	Commercial Mortgages-Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
54	Commercial Mortgages-All Other			X X X		0.0000		0.1700		0.1700	
55	Total with Mortgage Loan Characteristics					0.0000		3, 00		5700	
	(Sum of Lines 39 through 54)			xxx		x x x		x x x		l xxx	

ASSET VALUATION RESERVE (continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	Basic Cor	ntribution	Reserve (Objective	Maximum	Reserve
			Book/	_		Balance for	5	6	7	8	9	10
Line	NA	NAIC	Adjusted	Reclassify	Add	AVR Reserve			'	Ŭ		
Num	-	Desig-	Carrying	Related Party	Third Party	Calculations		Amount		Amount		Amount
ber	1	ation Description	Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols. 4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
501	Tiuc	INVESTMENTS WITH THE UNDERLYING	Value	Litouribranoco	Litouribrarioco	(0010. 1 · 2 · 0)	1 doloi	(000. 4 x 0)	1 dotor	(0010. 4 X 1)	1 40101	(0010: 4 × 0)
		CHARACTERISTICS OF COMMON STOCK										
56		Unaffiliated Public		x x x	xxx		0.0000		(d)		(d)	
57		Unaffiliated Private		XXX			0.0000		0.1600		0.1600	
58					X X	NE	0.0000		0.0000		0.0000	
59	1	Affiliated Life with AVR Affiliated Certain Other (See SVO Purposes & Procedures Manual)		X X X X	X X X		0.0000		0.1300		0.1300	
60		Affiliated Other-All Other		XXX	XXX		0.0000		0.1600		0.1600	
61		Total with Common Stock Characteristics										
	İ	(Sum of Lines 56 through 60)		X X X	X X X		x x x		xxx		x x x	
		INVESTMENTS WITH THE UNDERLYING										
		CHARACTERISTICS OF REAL ESTATE										
62	ĺ	Home Office Property (General Account only)			1 10		0.0000		0.0750		0.0750	
≅ 63		Investment Properties				NE	0.0000		0.0750		0.0750	
64		Properties Acquired in Satisfaction of Debt			140		0.0000		0.1100		0.1100	
65		Total with Real Estate Characteristics										
		(Sum of Lines 62 through 64)					XXX		XXX		XXX	
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66		Guaranteed Federal Low Income Housing Tax Credit		.			0.0003		0.0006		0.0010	
67		Non-guaranteed Federal Low Income Housing Tax Credit			l	NE	0.0063		0.0120		0.0190	
68		State Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
69		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
70		Total LIHTC					XXX		XXX		XXX	
		ALL OTHER INVESTMENTS										
71		Other Invested Assets-Schedule BA		XXX			0.0000		0.1300		0.1300	
72		Other Short-term Invested Assets-Schedule DA		XXX			0.0000		0.1300		0.1300	
73		Total All Other (Lines 71 + 72)		XXX			XXX		XXX		XXX	
74		Total Other Invested Assets - Schedules BA & DA										
		(Sum of Lines 30, 38, 55, 61, 65, 70, and 73)					XXX		XXX		XXX	

- (a) Times the company's experience adjustment factor (EAF).
- (b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
- (c) Determined using the same factors and breakdowns used for directly owned mortgage loans.
- (d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
- (e) Determined using same factors and breakdowns used for directly owned real estate.

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

1	2	3	4	5	6	7	8	9
RSAT Number	Туре	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve
				··· · · · · K (· ·) K - · · · · · · · · · · · · · · · · · · ·				
				NONE				
0599999 Total								

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
		State of	Year of Claim		Amount Paid	Amount Resisted	Why Compromised
Contract	Claim	Residence of	for Death or	Amount	During the	Dec. 31 of	or
Numbers	Numbers	Claimant	Disability	Claimed	Year	Current Year	Resisted
760057 760852	13164 12615	SC NC	2011 2010	10,000 10,000	816 1,008	10,000 10,000	Misrepresentation of Health History Misrepresentation of Health History
760873 761940	12335 11720	GA AL	2010 2010	7,000 2,250	2,605 1,402	7,000 2,250	Misrepresentation of Health History
762858	12606	IN	2010	12,000	831	12,000	Misrepresentation of Health History Misrepresentation of Health History
765047 767469	12390 13144	IN PA	2010 2011	10,000 10,000	1,473 508	10,000	Misrepresentation of Health History Misrepresentation of Health History
768418 768449	12886 12895	MI TN	2010 2010	7,000 10,000	428 292	7,000	Misrepresentation of Health History Misrepresentation of Health History
770081 770253	13504 12955	GA GA	2011 2010	10,000 10,000	633 191	10,000 10,000	Misrepresentation of Health History Misrepresentation of Health History
771075	13536	AL	2011	7,000	670	7,000	Misrepresentation of Health History
771718 771856	13968 13281	CA AL	2011 2011	35,000 10,000	1,530 381	35,000 10,000	Misrepresentation of Health History Misrepresentation of Health History
772120 772762	13075 14062	GA CA	2011 2011	3,000 5,000	158 207	3,000 5,000	Misrepresentation of Health History Misrepresentation of Health History
0199999 Disposed	d - Death Claims -	Ordinary		158,250	13,133	158,250	XXX
ĠP01	MBA09-375	TX	2009	5,000		5,000	Material information withheld
GP01 GP01	MBA10-713 MBA08-228	FL AL	2010 2008	3,500 10,000		3,500 10,000	Divorced no coverage Material information withheld
GP01	MBA10-359	GA	2010	5,000		5,000	Material information withheld
GP01	MBA11-108	FL	2011	6,800		6,800	Divorced no coverage
	d - Death Claims -	•		30,300		30,300	XXX
	s – Disposed – De			188,550	13,133	188,550	XXX
	s – Claims Dispose			188,550	13,133	188,550	XXX
746549 758813	6878 9787	WA SC	2007 2009	50,000 10,000	340 356	50,000 10,000	Misrepresentation of Health History Misrepresentation of Health History
758875 763636	11986 12520	LA VA	2010 2010	20,000 5,000	1,785 294	20,000 5,000	Misrepresentation of Health History Misrepresentation of Health History
763985 771798	13900 13860	AL PA	2011 2011	7,000 10,000	1,486 503	7,000 10,000	Misrepresentation of Health History Misrepresentation of Health History
2799999 Resisted				102,000	4,764	102,000	XXX
GP01	MBA11-221	FL	2011	1,000			Not Dependent
GP01 GP01	MBA11-221 MBA08-410	FL AL	2011 2008	2,500 5,000		2,500 5,000	Not Dependent Material information withheld
2899999 Resisted	- Death Claims - 0	Credit		8,500		8,500	XXX
3199999 Subtotals	s – Resisted – Dea	ath Claims		110,500	4,764	110,500	XXX
5299999 Subtotals	s – Claims Resiste	d During Curren	t Year	110,500	4,764	110,500	XXX
						l	
5399999 Totals				299,050	17,897	299,050	XXX

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

			Credit Accident										Other Individua	al Contracts				
			Group)	and He	alth							Non-Rene	ewable				
			Accident	Accident and (Grou		(Group and Collectively		Guaranteed		eed	for Sta	ited	Other Ac	cident	All			
	Total		Health	ı	Individual)		Renewable		Non-Cancelable		Renewa	ble	Reasons	Only	Only		Other	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
			-			PART 1 – A	NALYSIS OF U	DERWRITI	NG OPERATION	IS								
Premiums written	2,729,886	XXX	1,355,143	XXX		XXX		XXX		XXX	1,374,521	XXX		XXX		XXX	222	XXX
2. Premiums earned	2,694,667	XXX	1,353,996	XXX		XXX		XXX		XXX	1,340,449	XXX		XXX		XXX	222	XXX
3. Incurred claims	1,974,835	73.3	1,143,645	84.5							833,096	62.2					(1,906)	(858.6
Cost containment expenses										[<u>.</u> .								
5. Incurred claims and cost containment																		
expenses (Lines 3 and 4)	1,974,835	73.3	1,143,645	84.5						[<u>.</u> .	833,096	62.2					(1,906)	(858.6
6. Increase in contract reserves	(21,950)	(0.8)	(21,950)	(1.6)														
7. Commissions (a)	(1,034,543)	(38.4)	19,236	1.4							(1,053,783)	(78.6)					4	1.8
Other general insurance expenses	1,668,174	61.9	253,444	18.7							1,414,730	105.5						
9. Taxes, licenses and fees	56,559	2.1	26,117	1.9							30,442	2.3						
10. Total other expenses incurred	690,190	25.6	298,797	22.1							391,389	29.2					4	1.8
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends																		
or refunds	51,592	1.9	(66,496)	(4.9)							115,964	8.7					2,124	956.8
13. Dividends or refunds																		
14. Gain from underwriting after dividends																		
or refunds	51,592	1.9	(66,496)	(4.9)							115,964	8.7					2,124	956.8

DETAILS OF WRITE-IN LINES									
1101.									
1102.									
1103.				NIE					
				IAE					
from overflow page									
1198. Summary of remaining write-ins for Line 11 from overflow page 1199. Totals (Lines 1101 through 1103 plus 1198)									
(Line 11 above)									

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts								
	,	_		,	5	6	7	8	9				
		Group Accident	Credit Accident				Non-Renewable		·				
		and	and Health (Group	Collectively		Guaranteed	for Stated	Other Accident	All				
	Total	Health	and Individual)	Renewable	Non-Cancelable	Renewable	Reasons Only	Only	Other				
		PAR	T 2 - RESERVES AND LI	ABILITIES			,	- ,					
A. Premium Reserves:													
Unearned premiums	73,581	13,870				59,695			16				
Advance premiums	81,072					81,072							
Reserve for rate credits	.												
Total premium reserves, current year	154,653	13,870				140,767			16				
5. Total premium reserves, prior year	76,708	12,724				63,968			16				
6. Increase in total premium reserves	77,945	1,146				76,799							
B. Contract Reserves:													
Additional reserves (a)	333,104	333,104											
Reserve for future contingent benefits													
Total contract reserves, current year	333,104	333,104											
4. Total contract reserves, current year	355,054	355,054											
	(21,950)	(21,950)											
5. Increase in contract reserves	(21,950)	(21,950)											
C. Claim Reserves and Liabilities:	4 400 700	992,077				107.040							
1. Total current year	1,129,723					137,646							
2. Total prior year	1,019,641	991,373				25,830			2,438				
3. Increase	110,082	704	│ RIOR YEAR'S CLAIM RE	CEDVEC AND LIABILIT	TIFE.	111,816			(2,438				
		PARI 3 - IESI OF P	RIUR TEAR 5 CLAIM RE	SERVES AND LIABILIT	IEO								
Claims paid during the year:													
1.1 On claims incurred prior to current year	396,816	371,668				24,616			532				
1.2 On claims incurred during current year	1,467,935	771,272				696,663							
Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	598,837	598,713				124							
2.2 On claims incurred during current year	530,890	393,368				137,522							
3. Test:													
3.1 Lines 1.1 and 2.1	995,653	970,381				24,740			532				
3.2 Claim reserves and liabilities, December 31, prior year	1,019,641	991,373				25,830			2,438				
3.3 Line 3.1 minus Line 3.2	(23,988)	(20,992)				(1,090)			(1,906				
			PART 4 – REINSURAN	ICE									
A. Reinsurance Assumed:													
1. Premiums written	42,488	42,488											
2. Premiums earned	44,078	44,078											
Incurred claims	118,723	118,723											
4. Commissions	20,258	20,258											
B. Reinsurance Ceded:													
Premiums written	11,151,676	11,535				11,140,141							
2. Premiums earned	10,452,279	3,327				10,448,952							
3. Incurred claims	7,497,860					7,497,860							
4. Commissions	3,865,551	2,417				3,863,134							

(a) Includes \$ ______0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

•		1	2	3	4
		Medical	Dental	Other	Total
A.	Direct:				
	1. Incurred Claims			9,353,971	9,353,971
	0. D Ol D			604,878	604,878
	3. Ending Claim Reserves and Liabilities			1,721,222	1,721,222
	4. Claims Paid			8,237,627	8,237,627
B.	Assumed Reinsurance:				
	5. Incurred Claims			118,723	118,723
	0. D Ol D			647,235	647,235
	7. Ending Claim Reserves and Liabilities			647,314	647,314
	8. Claims Paid			118,644	118,644
C.	Ceded Reinsurance:				
	9. Incurred Claims			7,497,860	7,497,860
	10. Beginning Claim Reserves and Liabilities			232,472	232,472
	11. Ending Claim Reserves and Liabilities			1,238,813	1,238,81
	12. Claims Paid			6,491,519	6,491,519
D.	Net:				
	13. Incurred Claims			1,974,834	1,974,834
	14. Beginning Claim Reserves and Liabilities			1,019,641	1,019,64
	15. Ending Claim Reserves and Liabilities			1,129,723	1,129,72
	16. Claims Paid			1,864,752	1,864,752
E.	Net Incurred Claims and Cost Containment Expenses:				
	17. Incurred Claims and Cost Containment Expenses			1,974,834	1,974,834
	18. Beginning Reserves and Liabilities			1,019,641	1,019,64
	19. Ending Reserves and Liabilities			1,129,723	1,129,72
	20. Paid Claims and Cost Containment Expenses			1,864,752	1,864,752

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10 Reinsurance	11	12
NAIC Company	Federal ID	Effective	Name of	Domiciliary	Type of Reinsurance	Amount of In Force	Danasa	Descrives	Payable on Paid and Unpaid	Modified Coinsurance	Funds Withheld Under
Code	Number	Date	Reinsured	Jurisdiction	Assumed	at End of Year	Reserve	Premiums	Losses	Reserve	Coinsurance
60009	72-1267013	05/01/1997	Southern National Life Insurance Company	Baton Rouge, Louisiana		6,469,397	346,728	50,771			
	72-0917222	12/31/2004	Pan American Assurance Company	New Orleans, Louisiana	CO/I	2,497,091	701,844	175,439	66,900		
	72-0917222	04/01/2005	Pan American Assurance Company	New Orleans, Louisiana	CO/I	910,459	729,374				
	59-1460067	03/01/2005	Bankers Life Insurance Company	St. Petersburg, Florida	CO/I	260,380	71,476	17,264	11,750		
	35-0472300	03/02/1987	Lincoln National Life Insurance Company (SPRA)	Fort Wayne, Indiana	CAT/I	1					
	35-0472300	10/01/2001	Lincoln National Life Insurance Company	Fort Wayne, Indiana	ACO/I		996,433				
	91-0782008	12/31/2008	North Coast Life Insurance Company	Spokane, Washington	CO/I	3,483,126	647,954	48,473	5,417		
	91-0782008	12/31/2008	North Coast Life Insurance Company	Spokane, Washington	YRT/I	54,548,280	284,515	320,439	73,848		
0499999	Non-Affiliates - US	Non-Affiliates				68,168,733	3,778,324	612,386	157,915		
0699999	Non-Affiliates - Tota	al Non-Affiliate:	5			68,168,733	3,778,324	612,386	157,915		
0799999	Total General Acco	ount	1			68,168,733	3,778,324	612,386	157,915		
450000						00.400.700	0 ==0 004	040.000	455.045		
1599999	Total U.S					68,168,733	3,778,324	612,386	157,915		
											1
											1
			1			1					1
	[I			[]					
	[1								
	[
						1					1

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
82627 86231	06-0839705 39-0989781	07/01/1988 01/01/1994	Swiss Re Life & Health America, Inc Transamerica Life Insurance Company	Armonk, New York Cedar Rapids, Iowa	CO/G COFW/G	42,495	11,134	456,340	40,362 483,716		480,601
0499999	Non-Affiliates -	U.S. Non-Affiliates				42,488	11,134	456,340	524,078		480,601
0699999	Non-Affiliates -	Total Non-Affiliates				42,488	11,134	456,340	524,078		480,601
0799999	Totals U.S.					42,488	11,134	456,340	524,078		480,601
0999999	Totals					42,488	11,134	456,340	524,078		480,601

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

			1	T		-
1	2	3	4	5	6	7
NAIC	Federal		Nama			
	i Federal ID	Effective	Name of	Domiciliary	Paid	Unpaid
Company Code	Number	Date	Company	Jurisdiction	Losses	Losses
Code	Number	Date	Company	Junsulction	LUSSES	LUSSES
	40.4005000					
	43-1235868	11/01/1994	RGA Reinsurance Company	Chesterfield, Missouri	26,000	
	42-0175020	01/01/1998	Aviva Life and Annuity Company	Des Moines, Iowa	40,000	
97071	13-3126819	12/01/2003	Generali USA Life Reassurance Company	Kansas City, Missouri	34,334	
	13-2572994	08/15/2002	General Re Life Corporation	Stamford, Connecticut	0.005	25,000
	58-0828824	08/01/2004	Munich American Reassurance Company	Atlanta, Georgia	2,625	
	06-0839705	04/01/1984	Swiss Re Life & Health America, Inc	Armonk, New York		35,881
	06-0839705	05/01/2002	Swiss Re Life & Health America, Inc	Armonk, New York	 	528,000
	06-0839705	01/01/2004 09/01/2008	Swiss Re Life & Health America, Inc	Armonk, New York	187,154	
	06-0839705		Swiss Re Life & Health America, Inc	Armonk, New York	770 400	113,131
66346	58-0828824	08/01/2004	Munich American Reassurance Company	Atlanta, Georgia	770,109	2,676,703
0499999	Life and ∆nnui	tv - Non-Affiliates	- U.S. Non-Affiliates		1,060,222	3,378,715
0433333	Life and Amila	ty - Non-Annates	- 0.3. Non-Anniates		1,000,222	3,370,713
0699999	Life and Annui	ty - Total Non-Affi	iliates		1,060,222	3,378,715
0000000	Life dila 7 tilla		indico		1,000,222	0,010,110
0799999	Total Life and	Annunity			1,060,222	3,378,715
1.00000					.,000,222	5,515,115
71412	47-0246511	01/01/2010	Mutual of Omaha Insurance Company	Omaha, Nebraska		1,238,814
1199999	Accident and H	Health - Non-Affilia	ates - U.S. Non-Affiliates			1,238,814
1399999	Accident and I	lealth - Total Non	n-Affiliates			1,238,814
1499999	Total Accident	and Health				1,238,814
1599999	Total U.S.	1	1	1	1,060,222	4,617,529
		l	1	1	l	
		l	1	1		l
		l				l
			<u> </u>			
		nnuity and Accide			1,060,222	

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	Reserve Tak		10		ing Surplus elief	13	14
NAIC	Federal		Name		Type of	Amount in	8	9		11	12	Modified	Funds Withheld
Company	ID	Effective	of	Domiciliary	Reinsurance	Force at	Current	Prior		Current	Prior	Coinsurance	Under
Code	Number	Date	Company	Jurisdiction	Ceded	End of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
82627	06-0839705	05/01/1981	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	49,357,425	292,113	282,188	380,115				
82627	06-0839705	04/01/1977	Swiss Re Life & Health America, Inc	Armonk, New York	CO/I	175,000	608	1,093					
82627	06-0839705	04/01/1997	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	100,702,913	438,029	425,420	432,420				
82627	06-0839705	03/15/2002	Swiss Re Life & Health America, Inc	Armonk, New York	CO/I	470,544,981	10,911,534	10,093,823	1,306,433				
82627	06-0839705	01/01/2008	Swiss Re Life & Health America, Inc	Armonk, New York	CO/I	106,584,778	1,007,084	529,047	384,647				
82627	06-0839705	01/01/2004	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	197,006,026	618,779	610,349	659,064				
82627	06-0839705	11/01/2008	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	213,059,223	549,571	338,520	328,840		1	1	l
82627	06-0839705	09/01/2008	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	17,143,342	12,873	17,372	23,801		1	1	
65676	35-0472300	09/01/1981	Lincoln National Life Insurance Company	Fort Wayne, Indiana	YRT/I	71,844,999	440,035	433,060	489,867			l	
65676	35-0472300	06/01/1981	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	4,600,647	53,944	52,617	21,332				
65676	35-0472300	06/01/1995	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	5,776,179	156,020	152,115	13,544			l	
65676	35-0472300	12/03/2001	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	8,731,763	176,650	170,152	19,384				
65676	35-0472300	01/01/1994	Lincoln National Life Insurance Company	Fort Wayne, Indiana	YRT/I	2,182,652	11,193	10,759	13,786				
65676	35-0472300	01/01/1994	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	1,728,621	21,150	19,287	7,665		1	1	
65676	35-0472300	07/01/1998	Lincoln National Life Insurance Company	Fort Wayne, Indiana	ADB/I				41,185		1	1	
65676	35-0472300	08/01/1998	Lincoln National Life Insurance Company	Fort Wayne, Indiana	ADB/I				15,111			1	
65676	35-0472300	10/01/2001	Lincoln National Life Insurance Company	Fort Wayne, Indiana	YRT/I	60,567	15,263	17,263				1	
90670	43-1178580	05/01/1984	Scottish Re Life Corporation	Wilmington, Delaware	YRT/I	4.930.220	46.494	44,944	67.852				
90670	43-1178580	09/01/1981	Scottish Re Life Corporation	Wilmington, Delaware	CO/I	5,070,201	48,592	47.072	43.192				
82627	06-0839705	06/01/1986	Swiss Re Life & Health America. Inc	Armonk, New York	YRT/I	4.356	218	199					
82627	06-0839705	01/01/1994	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	156,314	1,166	1,056					
86258	13-2572994	04/01/1987	General Re Life Corporation	Stamford. Connecticut	YRT/I	100.000	278	257	(1,251)				
86258	13-2572994	07/01/2000	General Re Life Corporation	Stamford, Connecticut	CO/I	2.085.000	24,423	32,810	6,587				
60895	35-0145825	01/01/1993	American United Life	Wilmington, Delaware	YRT/I	2,151,990	34,503	33.943	44.928				
88099	75-1608507	07/01/1984	Optimum Re Insurance Company	Dallas. Texas	YRT/I	3.860.852	94.912	90.543	97.669				
88099	75-1608507	12/01/2003	Optimum Re Insurance Company	Dallas, Texas	CO/I	1,300,000	3,261	2,996	421				
88099	75-1608507	07/01/1998	Optimum Re Insurance Company	Dallas. Texas	YRT/I	1.800.768	18.958	17.645	28.404				
88099	75-1608507	11/01/1998	Optimum Re Insurance Company	Dallas, Texas	CO/I	2,742,985	31.587	34.668	18.434				
88099	75-1608507	08/15/1999	Optimum Re Insurance Company	Dallas, Texas	CO/I	4,095,284	215,334	189,208	26,573				
88099	75-1608507	09/01/2011	Optimum Re Insurance Company	Dallas, Texas	YRT/I	337.051	950	109,200					
93572	43-1235868	11/01/1994	RGA Reinsurance Company	Chesterfield, Missouri	YRT/I	3.566.223	17,778	19.114	22.433				
65676	35-0472300	03/02/1987	Lincoln National Life Insurance Company (SPRA)	Fort Wayne, Indiana	CAT/I	3,500,223		13,114	12,000				
65676	35-0472300	01/01/2003	Lincoln National Life Insurance Company (SPRA)	Fort Wayne, Indiana	CAT/G				12,000				
	39-0989781	06/01/1971			YRT/I	17.626	330	1.379	12,000				
86231 86231	39-0989781	01/01/1971	Transamerica Life Insurance Company Transamerica Life Insurance Company	Cedar Rapids, Iowa				1,379					
	42-0175020	01/01/1994		Cedar Rapids, Iowa	CO/I YRT/I	1,130,000	11,690		(3,218)				
61689			Aviva Life and Annuity Company	Des Moines, Iowa		2,956,268	16,956	14,178					
61689	42-0175020	01/01/1998	Aviva Life and Annuity Company	Des Moines, Iowa	CO/I	106,716,135	1,235,958	1,246,775	264,396				
61689	42-0175020	01/01/1998	Aviva Life and Annuity Company	Des Moines, Iowa	DIS/I		18,524	21,564				L	<u> </u>

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7		e Credit ken	10		ing Surplus	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount in Force at End of Year	8 Current Year	9 Prior Year	Premiums	11 Current Year	12 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
65242 65676 66346 66346	35-0457540 35-0472300 58-0828824 58-0828824	10/01/2001 08/01/2004	Lafayette Life Insurance Company Lincoln National Life Insurance Company Munich American Reassurance Company Munich American Reassurance Company	Lafayette, Indiana Fort Wayne, Indiana Atlanta, Georgia Atlanta, Georgia	ACO/I CO/G YRT/I CO/G	663,681 7,516,996,076	531,295 194,070 21,056,788	534,562 154,115 18,309,933	6,948 14,380,594				
0499999	Authorized Ge	eneral Account	– Non-Affiliates - U.S. Non-Affiliates			8,910,180,146	38,308,911	33,961,386	19,185,793				
0699999		ed Non-Affiliat				8,910,180,146	38,308,911	33,961,386	19,185,793				
0799999		Account Author		·		8,910,180,146	38,308,911	33,961,386	19,185,793				
60009	72-1267013		Southern National Life Insurance Company	Baton Rouge, Louisiana	YRT/I	994,174	1,712	1,712	2,990				
1199999			int – Non-Affiliates - U.S. Non-Affiliates			994,174	1,712	1,712	2,990				
1399999	Total Unautho					994,174	1,712	1,712	2,990				
1499999		Account Unau				994,174	1,712	1,712	2,990				
1599999		Account Autho	orized and Unauthorized			8,911,174,320	38,310,623	33,963,098	19,188,783				
3199999	Total U.S.					8,911,174,320	38,310,623	33,963,098	19,188,783				
3399999	Totals	L			1	8,911,174,320	38,310,623	33,963,098	19,188,783				

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Reserve Credit	Outstanding Relie		12	13
NAIC Company	Federal ID	Effective	Name of	Domiciliary			Unearned Premiums	Taken Other than for Unearned	10 Current	11 Prior	Modified Coinsurance	Funds Withheld Under
Code	Number	Date	Company	Jurisdiction	Type	Premiums	(Estimated)	Premiums	Year	Year	Reserve	Coinsurance
71412	47-0246511	01/01/2010	Mutual Of Omaha Insurance Company	Omaha, Nebraska	CO/I	10,755,594	537,252					
66346	58-0828824	08/01/2004	Munich American Reassurance Company	Atlanta, Georgia	YRT/G	11,535	8,208					
0499999	Authorized Ger	neral Account – N	 Non-Affiliates - U.S. Non-Affiliates			10,767,129	545,460					
			Vol. / Alimates O.S. Noll / Alimates				·					
0699999	Total Authorize	d Non-Affiliates				10,767,129	545,460					
0799999	Total General A	Account Authoriz	ed			10,767,129	545,460					
		1000dill/1dti10112					040,400					
3199999	Total U.S.					10,767,129	545,460					
3399999	Totals					10,767,129	545,460					

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	4 5 6 7 8 9 Letter of Credit Issuing or Confirming Bank (a)						13	14	15	16	17		
									Con	firming Bank	(a)					
					Paid and				10	10 11 12			Funds			Sum of Cols.
					Unpaid				American Bankers	i i			Deposited by			9 + 13 + 14 + 15
NAIC	Federal		Name	Reserve	Losses				Association	Letter of			and Withheld		Miscellaneous	+ 16 But Not
Company	ID	Effective	of	Credit	Recoverable	Other	Total	Letters of	(ABA)	Credit	Bank	Trust	from		Balances	in Excess of
Code	Number	Date	Reinsurer	Taken	(Debit)	Debits	(Cols. 5 + 6 + 7)	Credit	Routing Number	Code	Name	Agreements	Reinsurers	Other	(Credit)	Col. 8
						1			1	1				1		
60009	72-1267013	05/01/1997	Southern National Life Insurance Company	1,712			1,712									
0499999	General Accou	Int Life and Annui	ty – Non-Affiliates - U.S. Non-Affiliates	1,712			1.712		XXX	XXX	XXX					
0.100000	00110101710000	Life dila 7 tima	1 110117 tillingtoo 5.5. 110117 tillingtoo	1,712			1,712		XXX	XXX	XXX					
0699999	Total Non-Affil	iates		1,712			1,712		XXX	XXX	XXX					
0799999	Total Life and	 Annuity		1,712			1,712		XXX	XXX	XXX					
2399999	Total U.S.			1,712			1,712		XXX	XXX	XXX					
2599999	Total	•		1,712	•		1,712		XXX	XXX	XXX					

(a)

	American Bankers Association (ABA)	
Code	(ABA) Routing Number	Bank Name

SCHEDULE S – PART 5
Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)

		1	2	3	4	5
		2011	2010	2009	2008	2007
Α.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident					
	and health contracts	29,956	21,638	17,654	18,133	20,164
2.	Commissions and reinsurance expense allowances	9,200	5,658	4,531	4,384	4,707
3.	Contract claims	19,545	14,311	10,744	13,133	14,780
4.	Surrender benefits and withdrawals for life contracts	25				
5.	Dividends to policyholders		1	1	1	1
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident					
	and health contracts	1,601	1,161	1,346	1,331	970
В.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident					
	and health contracts deferred and uncollected	3,214	2,428	2,811	2,417	2,616
9.	Aggregate reserves for life and accident and					
	health contracts	17,254	15,653	14,492	13,010	11,679
10.	Liability for deposit-type contracts	20,060	18,310	17,848	15,386	13,515
11.		4,618	3,212	3,654	4,312	4,215
12.	Amounts recoverable on reinsurance	1,060	1,559	1,248	1,128	2,262
13.	Experience rating refunds due or unpaid	21	777	354	748	553
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances unpaid	795	768	667	631	716
16.	Unauthorized reinsurance offset		2			
C.	UNAUTHORIZED REINSURANCE					
	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Funds deposited by and withheld from (F)					
18.	Letters of credit (L)					
19.	Trust agreements (T)					
20.	Other (O)					

SCHEDULE S — PART 6
Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
	ASSETS (Page 2, Col. 3)			
1	Cash and invested assets (Line 12)	800,237,492		800,237,492
2.	Reinsurance (Line 16)	0.000.040	(10,280,969)	(7,918,056)
3.	Premiums and considerations (Line 15)	#	3,214,367	12,372,981
4.	Net credit for ceded reinsurance	XXX	47,601,723	47,601,723
5.	All other admitted assets (balance)	22,367,209		22,367,209
6.	Total assets excluding Separate Accounts (Line 26)	834,126,228	40,535,121	874,661,349
7.	Separate Account assets (Line 27)			
8.	Total assets (Line 28)	834,126,228	40,535,121	874,661,349
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	619,306,186	17,253,835	636,560,021
10.	Liability for deposit-type contracts (Line 3)	62,642,582	20,060,355	82,702,937
11.	Claim reserves (Line 4)	7 166 147	4,617,529	11,783,976
12.	Policyholder dividends/reserves (Lines 5 through 7)	6,609,225		6,609,225
13.	Premium & annuity considerations received in advance (Line 8)	161,268		161,268
14.	Other contract liabilities (Line 9)	7,071,923	(1,394,886)	5,677,037
15.	Reinsurance in unauthorized companies (Line 24.2)	1,712	(1,712)	
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)			
17.	All other liabilities (balance)	34,172,105		34,172,105
18.	Total liabilities excluding Separate Accounts (Line 26)	737,131,448	40,535,121	777,666,569
19.	Separate Account liabilities (Line 27)			
20.	Total liabilities (Line 28)		40,535,121	777,666,569
21.	Capital & surplus (Line 38)	96,994,780	XXX	96,994,780
22.	Total liabilities, capital & surplus (Line 39)	834,126,228	40,535,121	874,661,349
	NET CREDIT FOR CEDED REINSURANCE			
23.	Contract reserves	17,253,835		
24.	Claim reserves	4,617,529		
25.	Policyholder dividends/reserves			
26.	Premium & annuity considerations received in advance			
1	Liability for deposit-type contracts			
1	Other contract liabilities			
1	Reinsurance ceded assets	10,280,969		
30.	Other ceded reinsurance recoverables	E0 017 000		
31.	Total ceded reinsurance recoverables	50,817,802		
32.	Premiums and considerations	4.740		
33.	Reinsurance in unauthorized companies			
34.	Funds held under reinsurance treaties with unauthorized reinsurers			
35.	Other ceded reinsurance payables/offsets Total ceded reinsurance payable/offsets	3,216,079		
l	Total ceded reinsurance payable/offsets			
<u>37.</u>	Total net credit for ceded reinsurance	47,601,723		

SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

				Direct Bus	siness Only		-
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama AL	1,849,828	1,925				1,851,753
2.	Alaska AK	183,535					183,535
3.	Arizona AZ	1,142,366					1,142,366
4.	Arkansas AR	1,053,951	202,379				1,256,330
5.		5,799,580	64,782				5,864,362
6.	Colorado CO	1,200,637	101,954				1,302,591
7. 8.	Connecticut CT Delaware DE	316,456 112,563	19,440				335,896 112,563
o. 9.	District of Columbia DC	228,191					228,191
10.	Florida FL	5,495,903	79,050				5,574,953
		3,797,209	19,297				3,816,506
	Hawaii HI	873,521	1,746				875,267
13.	Idaho ID	192,513					192,513
14.	Illinois IL	1,325,628	881				1,326,509
15.	Indiana IN	691,788	299				692,087
16.	lowa IA	165,401	224				165,625
17.	Kansas	456,519	4,600				461,119
18.	Kentucky KY	765,756	2,300				768,056
19.	Louisiana LA	1,536,059	196,632				1,732,691
20.	Maine ME.	135,323					135,323
21.	Maryland MD	1,155,253	2,300				1,157,553
22.	Massachusetts MA	503,769	303,700				807,469
	Michigan MI	795,076	87				795,163
		193,278	44.050				193,278
25. 26.	Mississippi MS Missouri MO	686,972 614,107	11,858 2,550				698,830 616,657
20. 27.	Mantana	71,144	2,550				71,144
	Nebraska NE	173,949					173,949
	Nevada NV	490,109	1,970				492,079
	New Hampshire NH	215,753	86,074				301,827
	New Jersey NJ	230,731					230,731
32.		786,361					786,361
33.	New York NY	393,897					393,897
34.	North Carolina NC	3,248,148	289,890				3,538,038
35.	North Dakota ND	69,478					69,478
36.		1,502,668	48,496				1,551,164
	Oklahoma OK	1,347,586	731,790				2,079,376
	Oregon OR	247,506	1,665				249,171
	Pennsylvania PA	862,532	1,700				864,232
40.		365,247					365,247
	South Carolina SC South Dakota SD	1,624,700 128,082	8,682				1,633,382 128,082
	Tennessee TN	2,079,588	357,120				2,436,708
	Texas TX	7,937,559	679,326	222			8,617,107
	Utah UT	385,158	500	· 			385,658
46.	Vermont VT	132,764	4,000				136,764
47.	Virginia VA	4,084,341	55,736				4,140,077
		1,380,517	5,200				1,385,717
49.	West Virginia WV	361,130	24				361,154
50.	Wisconsin WI	283,733	14				283,747
	Wyoming WY	118,177	45,992				164,169
	American Samoa AS	1,708					1,708
53.		140,966					140,966
54.		29,755					29,755
	U.S. Virgin Islands VI	5,939					5,939
56.	Northern Mariana Islands MP	1,587					1,587
	Canada CN Aggregate Other Alien OT	299	47.000				299
		925,908	17,339 3 351 522	222			943,247
59.	Totals	60,898,202	3,351,522	222		<u> </u>	64,249,946

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
4712 4712	GPM Life Group GPM Life Group	63967	74-0651020 75-2446017				GPM Life Texas Directors Life Insurance Company	TEXAS TEXAS	UDP DS	Policyholders GPM Life	Mutual Life Insurance Company Ownership		Policyholders 1 GPM Life	1

	Asterik	Explanation
1,		GPM is a Mutual Life Insurance Company owned by its policyholders
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NONE Schedule Y - Part 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
ype code	following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does no of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and wing the interrogatory questions. MARCH FILING	report and a bar
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	<u>N</u> O
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Cerifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guidelines XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certifications regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	YES
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	<u>NO</u>
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
40.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
41.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
44.	Will the Analysis of Annuity Operation by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
45.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicle and the NAIC by April 1?	YES
46.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Expl	lanation:	
	Government Personnel Mutual Life Insurance Company is not required to meet the requirements for Audit Committee.	

Bar Code:















SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES







































For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF ALABAMA

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

Compliance with OBRA Number Select Characteristic Approval Mithdrawn Amended Closed Trade Name Farned Number Select Select Characteristic Approval Withdrawn Amended Closed Trade Name Farned Number Select Select Characteristic Approval Withdrawn Amended Closed Trade Name Select Select Select Select Characteristic Approval Withdrawn Amended Closed Trade Name Select	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in	2009, 2010, 2011	
Compliance Policy Form Supplement Medicare Policy Form Supplement Medicare Policy Form Supplement Medicare Policy Form Supplement Medicare Policy Form Supplement Policy Form Supplement Policy Form Supplement Policy Form Supplement Policy Form Supplement Premiums Premiu											11	Incurred	Claims	14	15	Incurred	Claims	18
Complement Mumber Benefit Plan Select Characteristic Approved Withdrawn Amended Closed Trade Name Earned Amount Earned Lives Earned Amount Premiums Covered Earned Amount Earned Closed Characteristic Approved Withdrawn Amended Closed Trade Name Earned Amount Earned Amount Earned Closed Characteristic Approved Closed Characteristic Approved Withdrawn Amended Closed Trade Name Earned Amount Earned Amount Earned Closed Characteristic Approved Characteristic Approved Characteristic Approved Characteristic Approved Characteristic Approved Characteristic Approved Characteristic Approved Characteristic Approved Characteristic Approved Characteristic Characteristic Approved Characteristic Characteristic Approved Characteristic Characteristic Approved Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic Characteristic			Standardized									12	13			16	17	
with OBRA Number Benefit Plan Select Characteristic Approved Withdrawn Amended Closed Trade Name Earned Amount Earned Lives VES MTP22 C NO 34 1223/2009 Medicare Supplement 282,929 11,21 41,40 YES MTP25 G NO 34 1223/2009 Medicare Supplement 23,231 118,675 64,50 YES MTP31 N NO 34 1223/2009 Medicare Supplement 29,261 18,675 64,50 YES MTP31 N NO 34 1223/2009 Medicare Supplement 8,773 2,786 31,80 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 68,288 37,031 54,20 37,031 54,20							Date	Date		Policy			Percent of	Number of			Percent of	Number of
YES MTP22 C NO 34 12/23/2009 Medicare Supplement 1,963 3,849 185,90 YES MTP24 F NO 34 12/23/2009 Medicare Supplement 28,291 11,721 41,40 YES MTP3 G NO 34 12/23/2009 Medicare Supplement 29,261 18,875 64,50 YES MTP31 N NO 34 12/23/2009 Medicare Supplement 8,773 2,786 31,80 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 68,288 37,031 54,20	Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
YES MTP24 F NO 34 12/23/2009 Medicare Supplement 28,291 11,721 41,40 YES MTP31 N NO 34 12/23/2009 Medicare Supplement 29,261 18,875 64,50 YES MTP31 N NO 34 12/23/2009 Medicare Supplement 29,261 18,875 64,50 WES MTP31 N NO 34 12/23/2009 Medicare Supplement 9,773 2,786 31,80 D199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 68,288 37,031 54.20	with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES MTP24 F NO 34 12/23/2009 Medicare Supplement 28,291 11,721 41,40 YES MTP31 N NO 34 12/23/2009 Medicare Supplement 28,29,26 18,875 64,50 YES MTP31 N NO 34 12/23/2009 Medicare Supplement 28,29,26 18,875 64,50 WES MTP31 N NO 34 12/23/2009 Medicare Supplement 28,29,26 18,875 64,50 West MTP31 N NO 34 12/23/2009 Medicare Supplement 8,773 2,786 31,80 DISTRIBUTION OF THE PROPERTY																		
YES MTP35 G NO 34 12/23/2009 Medicare Supplement 29.261 18,875 64.50 YES MTP31 N NO 34 12/23/2009 Medicare Supplement 8.773 2.786 31.80 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 68,288 37,031 54.20	YES	MTP22	C	NO	34													
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 68.288 37,031 54.20	YES		F	NO	34													20
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 68.288 37,031 54.20	YES	MTP25	G	NO	. 34												64.50	45
	YES	MTP31	N	NO.	. 34	12/23/2009				Medicare Supplement					8,773	2,786	31.80	
	0199999 TO	TAL EXPERIEN	CE ON INDIVIDU	IAL POLICIES	1	1	1			1					68,288	37,031	54.20	79
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF ALASKA

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized	1								12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums	1	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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GENERAL INTERROGATORIES

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- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
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 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



63967201136003100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF ARIZONA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
											11	Incurred	l Claims	14	15	Incurred	Claims	18
			Standardized									12	13			16	17	
			Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
	Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
İ	with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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lý		MTP24		NO.	34	02/02/2010				Medicare Supplement					244,699	166,488	68.00	238
;	-0 -0	MTP25	'	NO	34	02/02/2010				Medicare Supplement					82,084	42,569	51.90	130
	-0 -0	MTP31	N	NO	34	02/02/2010				Medicare Supplement					4,434	5,754	129.80	
- !	ES ES ES		N	INO	34	02/02/2010				I Medicare Supplement					4,404	3,734	129.00	
- 1		L I TAI EYDEDIENI	CE ON INDIVIDU	AL POLICIES											331,217	214.811	64.90	376
-	7133333 10	TAL LAI LINLIN	OL ON INDIVIDO	ALTOLIGIES											331,217	214,011	04.50	310
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF ARKANSAS

NAIC Company Code NAIC Group Code 4712

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in	2009, 2010, 2011	
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
			+		1												
VEQ	MTP24	<u>.</u>	NO	3/1	10/12/2010				Medicare Supplement					29,087	17,207	59.20	32
YES	MTP25	 G	NO	24	10/12/2010				Medicare Supplement					6,178	3,383	54.80	16
VEC	MTP31	N	NO	24	10/12/2010				Medicare Supplement					3,265	2,616	80.10	
YES	. WILSI	IN	NO	34	10/12/2010				iviedicale Supplement					3,203	2,010		
0100000	OTAL EVDEDIEN	L ICE ON INDIVIDU	INI DOLICIES											38,530	23,206	60.20	54
0199999	TAL EXPERIEN		TAL POLICIES	1										30,330	23,200	00.20	34
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



63967201136005000

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF CALIFORNIA

NAIC Group Code 4712 NAIC Company Code 6396
Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

	1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2008	-		Policies Issued in	2009, 2010, 2011	í l
											11	Incurre	d Claims	14	15	Incurred	Claims	18
			Standardized	1								12	13	1		16	17	i
	Compliance with OBRA	Policy Form Number	Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136006100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF COLORADO

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	1
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES YES	MTP24	<u>F</u>	NO	34	12/15/2010									6,644	2,182	32.80 73.80	5
YES	MTP25	G	NO.	34	12/15/2010									6,605	4,875	73.80	
0100000 TO	TAL EVDEDIEN	CE ON INDIVIDU	INI DOLICIES											13,249	7,057	53.30	15
0199999 10		CE ON INDIVIDU	TAL FOLICILS											15,245	1,031	33.30	13
			1														
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

8



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF CONNECTICUT

NAIC Group Code 4712 NAIC Company Code 6396

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in	2009, 2010, 2011	
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
Compliance with OBRA	Policy Form Number	Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES YES YES	MTP24 MTP25 MTP31	F G N	NO NO NO	34 34 34	03/01/2011 03/01/2011 03/01/2011									37,271 4,471 2,212	39,147 1,335 7,755	105.00 29.90 350.60	30 4 2
0199999 TO	TAL EXPERIEN	CE ON INDIVIDU	IAL POLICIES											43,954	48,237	109.70	36
요																	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF DELAWARE

NAIC Company Code NAIC Group Code 4712 Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

	1	2	3	4	5	6	7	8	9	10		Policies Issue	d Through 2008			Policies Issued in	2009, 2010, 2011	
											11	Incurre	d Claims	14	15	Incurred	Claims	18
			Standardized									12	13			16	17	
			Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
	Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiu	ns	Premiums	Covered	Premiums		Premiums	Covered
1	with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earne	d Amount	Earned	Lives	Earned	Amount	Earned	Lives
					+													
YE	S	MTP24	Ė	NO	34	12/15/2010				Medicare Supplement					1,810	1,219	67.30	2
Y	S S			NO	34	12/15/2010				Medicare Supplement					8,253	3,846	46.60	14
1:7	· · · · · · · · · · · · · · · · · · ·		·		1													
0	199999 TO	TAL EXPERIENC	CE ON INDIVIDU	AL POLICIES						1					10,063	5,065	50.30	16
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
- 4. Explain any policies identified above as policy type 'O'

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF DISTRICT OF COLUMBIA

NAIC Company Code NAIC Group Code Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Telephone Number 210-357-2277 Title Controller

	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008	1		Policies Issued in	2009, 2010, 201	i '
İ											11	Incurred	Claims	14	15	Incurred	d Claims	18
			Standardized									12	13			16	17	i '
			Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
	Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
	with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
																		
																		
																		
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



63967201136010100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF FLORIDA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in	2009, 2010, 2011	1
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	i l
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP20	A	NO	34	08/13/2010	1			Medicare Supplement					2,189	1,562	71.40	2
YES	MTP22	C	NO	34	08/13/2010				Medicare Supplement					9,251	31,938	345.20	3
YES YES YES	MTP24	F	NO	34	08/13/2010				Medicare Supplement					43,248	23,740	54.90	34
YES	MTP25	G	NO	34	08/13/2010	[Medicare Supplement					4,605	822	17.90	6
YES	MTP31	N	NO	34	08/13/2010				Medicare Supplement					23,285	5,868	25.20	24
						1											ı · · · · · · · ·
0199999 TC	TAL EXPERIEN	CE ON INDIVIDU	AL POLICIES											82,578	63,930	77.40	69
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136011100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF GEORGIA

NAIC Group Code 4712 NAIC Company Code 6396

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in 2	2009, 2010, 2011	1
										11	Incurred	Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	i
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP22	C	NO	34	02/05/2010				Medicare Supplement					8,113	8,331	102.70	6
YES	MTP24	F	NO	34	02/05/2010				Medicare Supplement					153,231	157,788	103.00	102
YES	1		NO	34	02/05/2010				Medicare Supplement					148,484	89,437	60.20	162
YES YES	MTP31	Ň	NO	34	02/05/2010				Medicare Supplement					11,903	12,552	105.50	11
1:59				• • • • • • • • • • • • • • • • • • •	. 02/00/2010				inodicare cupplement						12,002		
0199999 TC	TAL EXPERIEN	CE ON INDIVIDU	AL POLICIES		1									321,731	268,108	83.30	281
														52.1,1.5.1	200,000		
											1						
											1						
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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6396720113601200

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF HAWAII

NAIC Group Code 4712 NAIC Company Code 6396

Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2008	•		Policies Issued in	2009, 2010, 201	1
										11	Incurre	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
Compliance with OBRA	Policy Form Number	Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
•			1														
			1						NONE								
									 								
				1		1											
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										1				1			

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136013100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF IDAHO

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, <u>2</u> 011	
										11	Incurred	Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliano	e Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBR	A Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP24	[F	NO	34	11/16/2010				Medicare Supplement	I				11,437	10,161	88.80	17
YES	MTP25	G	NO	34	11/16/2010				Medicare Supplement	l	1			2,177	1,007	46.30	5
YES YES YES	MTP31	N	NO.	34	11/16/2010				Medicare Supplement					1,389	25	1.80	
		IOE ON INDIVIDU	IAL DOLLOIFO											45.000	44.400	74.00	05
0199999	TOTAL EXPERIEN	ICE ON INDIVIDU	IAL POLICIES	1										15,003	11,193	74.60	25
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										1							
			1							1							
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF ILLINOIS

NAIC Group Code 4712 NAIC Company Code Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, <u>2</u> 011	
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP24	F	NO	34	01/30/2010				Medicare Supplement	I				857,052	789,819	92.20	403
YES	MTP25	G	NO	34	01/30/2010				Medicare Supplement	l	1			747,681	548,049	/3.30	538
YES YES YES	MTP31	N	NO	34	01/30/2010				Medicare Supplement					144,919	79,142	54.60	105
		05 011 111511 (151	IAL BOLIOIEO											4 740 050	4 447 040	04.00	1.010
0199999	OTAL EXPERIEN	CE ON INDIVIDU	IAL POLICIES	_										1,749,652	1,417,010	81.00	1,046
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



63967201136015100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF INDIANA

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008	•	ı	Policies Issued in	2009, 2010, 2011	ı
										11	Incurred	Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	i l
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP24	F	NO	34	12/03/2010	1			Medicare Supplement	I				6,526	1,420	21.80	24
YES		G	NO	34	12/03/2010	l			Medicare Supplement					4,143	2,263	54.60	20
YES	MTP31	N	NO	34	12/03/2010	1			Medicare Supplement	I				1,936	66	3.40	5
0199999 TC	TAL EXPERIEN	CE ON INDIVIDU	IAL POLICIES		1				1					12,605	3,749	29.70	49
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF IOWA

NAIC Company Code NAIC Group Code 4712

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliano	ce Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBR		Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
IYES	MTP24	F	NO	34	01/15/2010				Medicare Supplement					89,378	73,198	81.90	71
YES		G	NO	34	01/15/2010				Medicare Supplement		1			8,794	1,441	16.40	8
YES	MTP31	N	NO	34	01/15/2010				Medicare Supplement		1			253			
0199999	TOTAL EXPERIENCE	CE ON INDIVIDU	JAL POLICIES	_		1			1					98,425	74,639	75.80	80
.																	
•																	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



63967201136017100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF KANSAS

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
											11	Incurred	l Claims	14	15	Incurred	Claims	18
			Standardized									12	13			16	17	
			Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
	Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
	with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Ι.																		
ΙÝ	ES	MTP24 MTP25	F	NO	34	03/17/2010				Medicare Supplement					11,393	5,688	49.90	10
ΙÝ	ES	MTP25	G	NO	34	03/17/2010				Medicare Supplement					14,382	9,327	64.90	26
ΙÝ	=\$ =\$ =\$	MTP31	N	NO	34	03/17/2010				Medicare Supplement					942	324	34.40	
		TAI EYDEDIENI	CE ON INDIVIDU	AL POLICIES											26,717	15,339	57.40	38
	7133333 10	TAL LAI LINLIN	CL ON INDIVIDU	LI OLICILO											20,111	10,000	37.40	30
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF KENTUCKY

NAIC Company Code NAIC Group Code 4712

Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

	1 2	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	ı
											11	Incurred	d Claims	14	15	Incurred	Claims	18
			Standardized									12	13			16	17	i l
			Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Comp	oliance Policy	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with	OBRA Numi	nber	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP20	A	١	NO	34	02/16/2010									3,128	839	26.80	3
YES	MTP22			NO	34	02/16/2010		l l			1	.			26,237	10,822	41.20	16
YES	MTP24	· F	:	NO	34	02/16/2010		l							212,673	188,662	88.70	199
YES	MTP25	G	3	NO	34	02/16/2010									85,466	47,522	55.60	129
YES	MTP31	N		NO	34	02/16/2010									6,658	11,524	173.10	11
01999	999 TOTAL EXP	PERIENCE	E ON INDIVIDU	AL POLICIES											334,162	259,369	77.60	358
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF LOUISIANA

NAIC Company Code NAIC Group Code 4712 Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in	2009, 2010, 2011	
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance		Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES YES	MTP24	F	NO	34	03/12/2010				Medicare Supplement	1				189,380	117,500 12,829	62.00 52.20	115
YES	MTP24 MTP25	G	NO	34	03/12/2010				Medicare Supplement					24,566	12,829	52.20	23
0199999 TO	TAL EXPERIEN	CE ON INDIVIDU	AL POLICIES						1					213,946	130,329	60.90	138
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136020100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF MAINE

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
İ											11	Incurred	Claims	14	15	Incurred	d Claims	18
			Standardized									12	13			16	17	
			Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
	npliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with	n OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES YES		MTP20	A	NO	34	01/05/2011	[Medicare Supplement					1,434	3,741	260.90	2
YES		MTP22	C	NO	34	01/05/2011				Medicare Supplement					12,318	3,672	29.80	
YES		MTP24	F	NO	34	01/05/2011				Medicare Supplement					12,813	13,016	101.60	
YES YES		MTP25	G	NO	34	01/05/2011				Medicare Supplement					223,956	169,164	75.50	232
YES		MTP31	N	NO	34	01/05/2011				Medicare Supplement					1,015	220	21.70	
-																		
019	9999 TO	TAL EXPERIEN	CE ON INDIVIDU	JAL POLICIES			1			I					251,536	189,813	75.50	258
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136021100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF MARYLAND

NAIC Group Code 4712 NAIC Company Code 6396

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	<u> </u>
			•							11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized	•								12	13			16	17	
		Medicare	•			Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
With Obloc	Number	Deficile Flair	OCICOL	Onaracionstic	Аррготса	Withdiawn	Amended	010300	Trade Ivanie	Lamed	Amount	Larrica	LIVCS	Lamea	Amount	Lamea	LIVCS
VE 6																	
YES YES	MTP20	Α	NO.	34	02/22/2011				Medicare Supplement					295	60	20.30	<u></u> .
YES	MTP22	[C	NO.	34	02/22/2011				Medicare Supplement					35,804	52,310	146.10	53
YES	MTP24	F	NO.	34	02/22/2011				Medicare Supplement					24,215	16,489	68.10	28
YES	MTP25	G	NO.	34	02/22/2011	l l			Medicare Supplement					58,249	19,868	34.10	100
YES	MTP31	N	NO	34	02/22/2011	l		l	Medicare Supplement					4,468	3,255	72.90	8
0199999 TC	TAL EXPERIEN	CE ON INDIVIDU	AL POLICIES											123,031	91,982	74.80	190
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF MASSACHUSETTS

NAIC Company Code NAIC Group Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Telephone Number 210-357-2277 Title Controller

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 201	
			•							11	Incurred	l Claims	14	15	Incurred	l Claims	18
İ		Standardized									12	13			16	17	
		Medicare	•			Date	Date		Policy			Percent of	Number of			Percent of	Number of
Complian	ce Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBR		Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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GENERAL INTERROGATORIES

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

1. If response in Column 1 is no, give full and complete details



15

14

Policies Issued in 2009, 2010, 2011

Incurred Claims

18

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF MICHIGAN

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

						Person Complete Title Controller	r	t Maureen Gree	Te	elephone Number		
1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2008
										11	Incurre	d Claims
		Standardized									12	13
		Medicare				Date	Date		Policy			Percent of

	Compliance with OBRA	Policy Form Number	Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	Percent of Premiums Earned	Number of Covered Lives
			C F G	NO NO NO	34 34 34 34	01/19/2010 01/19/2010 01/19/2010 01/19/2010				Medicare Supplement Medicare Supplement Medicare Supplement Medicare Supplement					1,470 348,481 767,485 113,768	4,399 236,423 382,231 59,991	299.30 67.80 49.80 52.70	2 278 981 152
	0199999 TO	TAL EXPERIEN	CE ON INDIVIDU	AL POLICIES											1,231,204	683,044	55.50	1,413
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									1									

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF MINNESOTA

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Complian	e Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBR		Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					 ''												
VEC	MTP36		NO.	3/1	08/02/2010				Medicare Supplement					63,311	40,700	64.30	
YES YES	MTP38	0	NO	34	11/03/2010				Medicare Supplement					429	1,499	349.40	
! - 9		0	1,0	34	1 11/05/2010				Medicare Supplement					1	1,433		
0100000	TOTAL EXPERIEN	ICE ON INDIVIDIT	AL POLICIES						1					63.740	42,199	66.20	45
0199999	TOTAL LAI LINLIN		LI OLICILO											03,740	42,133	00.20	
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136025100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF MISSISSIPPI

NAIC Group Code 4712 NAIC Company Code 6396

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 201	1
										11	Incurred	Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP24	F	NO	34	02/08/2010				Medicare Supplement					185,372	143,050	77.20	116
YES	MTP25	G	NO	34	02/08/2010				Medicare Supplement					7,579	2,601	34.30	8
YES YES YES	MTP31	N	NO	34	02/08/2010				Medicare Supplement					6,984	5.498	78.70	5
1:77			1	133													1
0199999 T	OTAL EXPERIEN	CE ON INDIVIDU	IAL POLICIES											199,935	151,149	75.60	129
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



6396720113602610

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF MISSOURI

NAIC Group Code 4712 NAIC Company Code 639 Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in 2	2009, 2010, <u>2</u> 011	
			[11	Incurred	Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES YES YES	MTP22	C	NO	34	02/25/2010				Medicare Supplement					26,195	21,322	81.40	14
YES	MTP24	F	NO	34	02/25/2010	l			Medicare Supplement		1			784,770	577,900	73.60	506
YES	MTP25	G	NO	34	02/25/2010				Medicare Supplement		1			72,198	33,128	45.90	105
TYES	MTP31	N	NO	34	02/25/2010				Medicare Supplement	1	1			18,042	15,987	88.60	20
				1													
0199999 To	OTAL EXPERIEN	CE ON INDIVIDU	AL POLICIES											901,205	648,337	71.90	645
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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63967201136027000

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF MONTANA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	(
											11	Incurred	d Claims	14	15	Incurred	d Claims	18
			Standardized									12	13			16	17	i
	ompliance vith OBRA	Policy Form Number	Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF NEBRASKA

NAIC Group Code NAIC Company Code Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		ı	Policies Issued in	2009, 2010, 2011	
											11	Incurred	Claims	14	15	Incurred	Claims	18
			Standardized								1	12	13			16	17	, I
			Medicare				Date	Date		Policy	İ		Percent of	Number of			Percent of	Number of
Comp	liance Policy	y Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with C			Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					+													
YES YES YES	MTP24	4 F	Ė	NO	34	03/09/2010				Medicare Supplement					326,591	287,181	87.90	254
YES	MTP25	5	G	NO	34	03/09/2010				Medicare Supplement					37,786	25,210	66.70	37
YES	MTP31	1 N	N	NO	34	03/09/2010				Medicare Supplement	I				16,008	10,237	63.90	14
01999	99 TOTAL EXP	<u> </u>	E ON INDIVIDU	AL POLICIES			1			1					380,385	322,628	84.80	305
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF NEVADA

NAIC Company Code NAIC Group Code 4712

Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

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	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
											11	Incurred	l Claims	14	15	Incurred	Claims	18
İ			Standardized									12	13			16	17	
ı			Medicare	•			Date	Date		Policy			Percent of	Number of			Percent of	Number of
l	Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
ı	with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136030000

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF NEW HAMPSHIRE

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 201	1
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF NEW JERSEY

NAIC Company Code NAIC Group Code Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008	1		Policies Issued in	2009, 2010, 201 ⁻	1
											11	Incurred	d Claims	14	15	Incurred	Claims	18
ı			Standardized									12	13			16	17	1
C	mpliance th OBRA	Policy Form Number	Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF NEW MEXICO

NAIC Company Code NAIC Group Code

Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller

Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 201	1
										11	Incurre	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	1
Compliance with OBRA	Policy Form Number	Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF NEW YORK

NAIC Group Code 4712 NAIC Company Code 6396 Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136034100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF NORTH CAROLINA

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in	2009, 2010, 2011	
										11	Incurred	Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	i l
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP20	A	NO	34	11/04/2010	l			Medicare Supplement					1,083	18	1.70	1
YES	MTP24	F	NO	34	11/04/2010	l	[Medicare Supplement		1			85,192	31,056	36.50	104
YES YES	MTP25	G	NO	34	11/04/2010				Medicare Supplement					18,290	22,620	123.70	44
YES	MTP31	N	NO	34	11/04/2010				Medicare Supplement					2,744	666	24.30	8
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0199999 T	OTAL EXPERIEN	ICE ON INDIVIDU	JAL POLICIES											107,309	54,360	50.70	157
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF NORTH DAKOTA

NAIC Company Code NAIC Group Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Telephone Number 210-357-2277 Title Controller

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
		Standardized									12	13			16	17	1
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	<u></u>	<u>.</u>															
YES	MTP25	G	NO.	34	12/30/2010				Medicare Supplement					117			
0199999 TO	TAL EXPERIEN	CE ON INDIVIDU	AL POLICIES											117			1
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136036100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF OHIO

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		P	Policies Issued in	2009, 2010, 2011	1
										11	Incurred	Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy	İ		Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP20	A	NO	34	02/11/2010				Medicare Supplement	I				1,188	575	48.40	1
YES	MTP22	C	NO	34	02/11/2010				Medicare Supplement	I				205,097	165,645	80.80	153
YES	MTP23	D	NO	34	02/11/2010				Medicare Supplement					145,234	93,863	64.60	133
YES YES	MTP24	F	NO	34	02/11/2010				Medicare Supplement	1				703,394	563,327	80.10	542
YES	MTP25	G	NO	34	02/11/2010				Medicare Supplement	1				452,864	224,770	49.60	470
YES	MTP31	N	NO	34	02/11/2010				Medicare Supplement					186,492	121,258	65.00	175
1:77		· · · · · · · · · · · · · · · · · · ·	1	. * :											:= :,===		: :
0199999 TC	TAL EXPERIEN	CE ON INDIVIDU	AL POLICIES											1,694,269	1,169,438	69.00	1,474
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF OKLAHOMA

NAIC Company Code NAIC Group Code 4712

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	ı
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	i
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance		Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP24	F	NO	34	04/02/2010				Medicare Supplement					29,672	11,368	38.30	29
YES		G	NO	34	04/02/2010				Medicare Supplement					10,496	5,972	56.90	14
YES	MTP31	N	NO	34	04/02/2010				Medicare Supplement					6,287	2,721	43.30	
0199999 TC	TAL EXPERIENT	CE ON INDIVIDU	AL POLICIES											46,455	20,061	43.20	50
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136038100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF OREGON

NAIC Group Code 4712 NAIC Company Code 6396
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in	2009, 2010, 2011	1
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy	İ		Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP24	F	NO	34	10/04/2010				Medicare Supplement	1				7,764	3,320	42.80	13
YES YES	MTP24 MTP25	G	NO	34	10/04/2010				Medicare Supplement	1				677	1,767	261.00	9
0199999 TO	TAL EXPERIEN	CE ON INDIVIDU	AL POLICIES											8,441	5,087	60.30	22
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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63967201136039100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF PENNSYLVANIA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

	1 2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in	2009, 2010, 2011	
										11	Incurred	Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Comp	liance Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with (OBRA Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP22	. C	NO	34	03/22/2010				Medicare Supplement					54,488	27,852	51.10	30
YES	MTP23	. D	NO	34	03/22/2010				Medicare Supplement					4,825	1,462	30.30	3
YES	MTP24	. F	NO	34	03/22/2010				Medicare Supplement					849	534	62.90	2
YES YES	MTP25	G	NO	34	03/22/2010				Medicare Supplement		.			71,895	36,726	51.10	68
YES	MTP31	N	NO	34	03/22/2010	l	l		Medicare Supplement	l	1			2,296	495	21.60	11
01999	99 TOTAL EXPERIE	NCE ON INDIVIDU	JAL POLICIES	_										134,353	67,069	49.90	114
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF RHODE ISLAND

NAIC Company Code NAIC Group Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Telephone Number 210-357-2277 Title Controller

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008	•	F	Policies Issued in	2009, 2010, 2011	
										11	Incurred	Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES YES																	
YES	MTP24	F	NO	34	12/10/2010				Medicare Supplement					186			
YES	MTP31	Ņ	NO.	34	12/10/2010				Medicare Supplement					25			
0199999 TO	TAI EXPERIEN	CE ON INDIVIDU	AL POLICIES											211			1
0100000 10	TAL EXI LIGHT	OL ON INDIVIDO	ALT OLIGILO											211			<u>'</u>
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1	1			1		1											
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

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4. Explain any policies identified above as policy type 'O'



63967201136041100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF SOUTH CAROLINA

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in 2	2009, 2010, <u>2</u> 011	
			[11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Complianc	e Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES YES YES	MTP22	C	NO	34	04/05/2010				Medicare Supplement					16,331	7,146	43.80	16
YES	MTP24	F	NO	34	04/05/2010	1			Medicare Supplement		1			1,349,343	1,077,764	79.90	1,045
YES	MTP25	G	NO	34	04/05/2010	1			Medicare Supplement		1			375,937	235,038	62.50	361
YES	MTP31	N	NO	34	04/05/2010	1			Medicare Supplement	1	1			46,984	18,441	39.20	42
0199999	TOTAL EXPERIEN	CE ON INDIVIDU	IAL POLICIES											1,788,595	1,338,389	74.80	1,464
,																	
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF SOUTH DAKOTA

NAIC Company Code NAIC Group Code

Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenus

Title Co 277

on completing this exhibit	maureen Greenup	
Controller	Telephone Number	210-357-227

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Complia	ice Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OB	RA Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
				1								<u>'</u>					
YES YES	MTP24	F	NO	34	02/11/2010				Medicare Supplement					9,611	7,780	80.90	
YES	MTP25	G		34	02/11/2010				Medicare Supplement					1,174			1
177	1777 77	7	1.7	• • • • • • • • • • • • • • • • • • •													
0199999	TOTAL EXPERIEN	CE ON INDIVIDU	JAL POLICIES					l .	1					10,785	7,780	72.10	6
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF TENNESSEE

NAIC Company Code NAIC Group Code 4712 Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	1
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
				+						•							
YES	MTP20	Α	NO	34	03/16/2010				Medicare Supplement					156			
VEC	MTP22	Λ	NO	24	03/16/2010				Medicare Supplement					25			
I EO	MTP24	Ç	NO	34	03/16/2010				Medicare Supplement					1	60 107	07.40	
YES YES YES YES	1	<u></u>	INO	34	03/16/2010									70,038	68,187	97.40	40
I ES	MTP31	G	INO	34					Medicare Supplement					23,004	9,327 1,132	40.50 34.10	
YES	IMIP31	N	NO	34	03/16/2010				Medicare Supplement					3,321	1,132	34.10	
0400000 TO	TAL EVENEDIEM	OF ON INDIVIDU	AL DOLLOIFO											96.544	70.040	04.50	90
0199999 10	TAL EXPERIENT	CE ON INDIVIDU	AL POLICIES		1	1	1		1					96,544	78,646	81.50	90
=																	
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136044100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF TEXAS

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		ſ	Policies Issued in 2	2009, 2010, 2011	1
											11	Incurred	l Claims	14	15	Incurred	Claims	18
			Standardized									12	13			16	17	
			Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
	Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
	vith OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Ϋ́	:S :S	MTP20	A	NO	34	04/07/2010				Medicare Supplement					2,690	5,444	202.40	2
Υ	S	MTP22	C	NO	34	04/07/2010				Medicare Supplement					14,011	8,266	59.00	8
Y	S	MTP24	F	NO	34	04/07/2010				Medicare Supplement					678,176	469,921	69.30	474
Y	:S :S		G	NO	34	04/07/2010				Medicare Supplement					473,695	266,279	56.20	464
Υ	S	MTP31	N	NO	34	04/07/2010				Medicare Supplement					40,867	21,276	52.10	49
(199999 TO	TAL EXPERIENCE	CE ON INDIVIDU	AL POLICIES											1,209,439	771,186	63.80	997
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF UTAH

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in	2009, 2010, 2011	1
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13		[16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES YES	MTP24 MTP25	F	NO	34	01/04/2011				Medicare Supplement					1,579	779	49.30	1
YES	MTP25	G	NO	34	01/04/2011	l			Medicare Supplement	1	1			1,735	12	0.70	4
0199999 TO	TAL EXPERIENC	CE ON INDIVIDU	AL POLICIES						1					3,314	791	23.90	5
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

Ξ

4. Explain any policies identified above as policy type 'O'



6396720113

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF VERMONT

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

Г	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		ı	Policies Issued in	2009, 2010, 2011	
											11	Incurred	l Claims	14	15	Incurred	Claims	18
İ			Standardized									12	13			16	17	
- 1			Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
İ	Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
İ	with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
H		+		•		1												
١,	ÆS	MTP22		NO.	34	10/27/2010				Medicare Supplement					861	3,282	381.20	
- 1	ÆS	MTP24	.	NO	34	10/27/2010				Medicare Supplement					5,806	10,702	184.30	
	/EQ	MTP25	· '. · · · · · · · · · · · · · · · · · ·	NO	34	10/27/2010				Medicare Supplement					17,027	6,548	38.50	27
	/EC	MTP31	. 9	NO	24	10/27/2010				Medicare Supplement					6,154	17,647	286.80	
-	ES ES	. INITEST	. IN	1,0	, 4	10/21/2010				wedicare Supplement					0,134	11,041	200.00	
			NCE ON INDIVIDU	IAL DOLICIES											29,848	38,179	127.90	43
H	0133333 1	TAL LAI LINL	INCL ON INDIVIDE	TAL I OLIGILO											23,040	30,173	121.30	40
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF VIRGINIA

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

Γ	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008		F	Policies Issued in	2009, 2010, 2011	1
											11	Incurred	Claims	14	15	Incurred	Claims	18
			Standardized									12	13			16	17	
			Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
	Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
	with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	/ES	MTP24	F	NO	34	10/05/2010				Medicare Supplement					36,799	22,200	60.30	44
'	/ES	MTP25	G	NO	34	10/05/2010				Medicare Supplement					5,405	3,419	63.30	13
`	(ES (ES (ES	MTP31	N	ΝÖ	34	10/05/2010				Medicare Supplement					763		3.00	
		TAL EVDEDIEN	<u> </u> CE ON INDIVIDU	AL DOLICIES											42,967	25,642	59.70	59
-	0199999 10	TAL LAFLINILIN		AL FOLICIES											42,307	23,042	39.70	
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



63967201136048100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF WASHINGTON

NAIC Group Code 4712 NAIC Company Code 6396

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA		Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES YES YES	MTP24	F	NO	34	03/24/2010	1			Medicare Supplement					38,193	12,934	33.90	42
YES	MTP25	G	NO	34	03/24/2010				Medicare Supplement		1			22,973	15,440	67.20	30
YES	MTP31	N	NO	34	03/24/2010	[Medicare Supplement	l				1,541	2,740	177.80	2
			<u> </u>														
0199999 T	OTAL EXPERIEN	CE ON INDIVIDU	IAL POLICIES	1		1			1					62,707	31,114	49.60	74
:																	
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			1							1							
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			1														
			1														

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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63967201136049100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF WEST VIRGINIA

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2008		F	Policies Issued in	2009, 2010, 2011	
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date	1	Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					I'll a sa												
VEC	MTP22	Ċ	NO.	34	03/24/2010				Medicare Supplement					1 520		47.50	
YES	MTP24	<u> </u>	NO.	34										1,530	727	47.50	
YES YES YES	MTP25	<u>ا ۲</u>	NO.	34	03/24/2010				Medicare Supplement					12,987 6,173	8,817	67.90	
YES	MTP31	G	INO	34	03/24/2010				Medicare Supplement					0,173	271	4.40	
YES	IMIP31	N	NO	34	03/24/2010				Medicare Supplement					2,127	2,562	120.50	
0400000 TO	TAL EVENEDIEN	IOE ON INDIVIDU	AL BOLIOIEO							1				00.047	40.077	54.00	
0199999 10	TAL EXPERIEN	ICE ON INDIVIDU	AL POLICIES						I					22,817	12,377	54.20	22
≤																	
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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63967201136050100

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF WISCONSIN

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008	•		Policies Issued in	2009, 2010, 2011	1
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized	1	1							12	13			16	17	
		Medicare	1	1		Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	MTP28	0	NO	34	05/25/2010				Medicare Supplement					14,489	1,459	10.10	11
	1	· T · · · · · · · · · ·	1.7														
0199999 TC	TAL EXPERIEN	CE ON INDIVIDU	JAL POLICIES											14,489	1,459	10.10	11
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF WYOMING

NAIC Company Code NAIC Group Code 4712

Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

	i		•		l 5	0	/	8	9	10	1	Policies Issued	I Through 2008			Policies issued in .	2009, 2010, 2011	
											11	Incurred	l Claims	14	15	Incurred	Claims	18
	İ		Standardized									12	13			16	17	
			Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Com	pliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
	OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
				1	+													
YES		MTP24	Ė	NO	34	12/06/2010				Medicare Supplement					4,988	1 153	23.10	11
YES YES			'	NO	34	12/06/2010				Medicare Supplement						1,153		
1:50.		W	Y		• • • • • • • • • • • • • • • • • • •	12/00/2010				I Wouldard Cupplemont					297			· · · · · · · · · · · · · · · · · · ·
0199	999 TO	TAI EXPERIEN	CE ON INDIVIDU	IAL POLICIES											5.285	1,153	21.80	13
0100	000 101	IAE EXI ERIEIV	OL ON INDIVIDO	TET OFFORES											0,200	1,100	21.00	10
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201136052000

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF AMERICAN SAMOA

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008	1		Policies Issued in	2009, 2010, 201	i .
										11	Incurred	Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	i '
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
																	
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF GUAM

NAIC Company Code NAIC Group Code 4712

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 2011	
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized	1								12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
																	
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF PUERTO RICO

NAIC Company Code NAIC Group Code Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 201 [°]	1
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy	1		Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT For The Year Ended December 31, 2011



(To Be Filed By March 1) FOR THE STATE OF US VIRGIN ISLANDS

NAIC Company Code NAIC Group Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Telephone Number 210-357-2277 Title Controller

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2008		1	Policies Issued in	2009, 2010, 201	1
										11	Incurred	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date	İ	Policy	İ		Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF NORTHERN MARIANA ISLANDS

NAIC Company Code NAIC Group Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 201 ⁻	1
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
- 4. Explain any policies identified above as policy type 'O'

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573



63967201136057000

For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF CANADA

NAIC Group Code 4712 NAIC Company Code 6396
Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2008			Policies Issued in	2009, 2010, 201	1
										11	Incurred	Claims	14	15	Incurred	Claims	18
		Standardized	İ								12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums	1	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2011 (To Be Filed By March 1)

FOR THE STATE OF OTHER ALIEN

NAIC Company Code NAIC Group Code Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2008	•		Policies Issued in	2009, 2010, 201 ⁻	1
										11	Incurre	d Claims	14	15	Incurred	Claims	18
		Standardized									12	13			16	17	
Compliance with OBRA	Policy Form Number	Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



63967201146500100

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2011 (To Be Filed By March 1)

Of The G	overnment Personnel Mutual Life Insurance Co	mpany			Insurance Company
Address (City	y, State, Zip Code) 2211 NE Loop 410, San A	Antonio, Texas 78217			
NAIC Group	Code 4712	NAIC Company Code	63967	Employer's ID Number	74-0651020

SUPPLEMENTAL SCHEDULE 0 - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

			N	Net Amounts Paid Policyholder	S	
Years	s in Which Losses	1	2	3	4	5
V	Vere Incurred	2007	2008	2009	2010	2011 (a)
1. P	Prior	348	58	20	11	27
2. 2	2007	784	353	39	13	8
3. 2	2008	XXX	797	334	29	15
4. 2	2009	XXX	XXX	852	268	36
5. 2	2010	XXX	XXX	XXX	822	285
6. 2	2011	XXX	XXX	XXX	XXX	771

Section B - Other Accident and Health

1.	Prior	3				
2.	2007	2				
3.	2008	XXX	2	1		
4.	2009	XXX	XXX	2	4	
5.	2010	XXX	XXX	XXX	56	25
6.	2011	XXX	XXX	XXX	XXX	697

1.	Prior					
2.	2007			<u></u>		
3.	2008	XXX		ONE		
4.	2009	XXX	XXX			
5.	2010	XXX	ххх			
6.	2011	XXX	XXX	XXX	XXX	

⁽a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT (continued) SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

			Net Amou	nts Paid for Cost Containment	Expenses	
	ars in Which Losses	1	2	3	4	5
	Were Incurred	2007	2008	2009	2010	2011
1.	Prior					
2.	2007					
3.	2008	XXX				
4.	2009	XXX	XXX	()NI		
5.	2010	XXX	XXX			
6.	2011	X X X	XXX	XXX	XXX	

Section B - Other Accident and Health

1.	Prior					
2.	2007					
3.	2008	XXX				
4.	2009	XXX	X X X			
5.	2010	XXX	X X X	XXX		
6.	2011	XXX	XXX	XXX	l xxx	

1.	Prior					
2.	2007					
3.	2008	XXX	 . 			
4.	2009	XXX	XXX			
5.	2010	XXX	x x x			
6.	2011	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT (continued) SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year					
Yea	ars in Which Losses Were Incurred	1 2007	2 2008	3 2009	4 2010	5 2011	
1.	2007	1,176	1,284	1,249	XXX	XXX	
2.	2008	X X X	1,336	1,252	1,222	XXX	
3.	2009	X X X	XXX	1,293	1,222	1,180	
4.	2010	X X X	XXX	XXX	1,198	1,17	
5	2011	X X X	XXX	XXX	XXX	1 16	

Section B - Other Accident and Health

- 1							
	1.	2007	8	6	3	XXX	XXX
	2.	2008	XXX	13	4	4	XXX
	3.	2009	XXX	XXX	9	7	6
	4.	2010	XXX	XXX	XXX	83	25
	5.	2011	XXX	XXX	XXX	XXX	834

1.	2007				XXX	XXX
2.	2008	XXX				XXX
3.	2009	XXX	XXX			
4.	2010	XXX	ххх			
5.	2011	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT (continued) SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

•		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year					
	rs in Which Losses Were Incurred	1 2007	2 2008	3 2009	4 2010	5 2011	
1.	2007	1,176	1,284	1,249			
2.	2008	X X X	1,336	1,252	1,222		
3.	2009	X X X	XXX	1,293	1,222	1,186	
4.	2010	X X X	XXX	XXX	1,198	1,178	
5.	2011	X X X	XXX	XXX	XXX	1,164	

Section B - Other Accident and Health

1.	2007	8	6	3		
2.	2008	XXX	13	4	4	
3.	2009	XXX	XXX	9	7	6
4.	2010	XXX	XXX	XXX	83	25
5.	2011	XXX	XXX	XXX	XXX	834

	222					
] 1.	2007				l	
2.	2008	XXX				
3.	2009	XXX	XXX			
4.	2010	XXX	X	XXX		
5	2011	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5 (\$000 OMITTED) Reserve and Liability Methodology - Exhibits 6 and 8

	Line of Business	1 Methodology	2 Amount
1.	Industrial life		
2.	Ordinary life		4,808
3.	Individual annuity		173
4.	Supplementary contracts		287
5.	Credit life		
6.	Group life		892
7.	Group annuities		992
8.	Group accident and health		
9.	Credit accident and health		
10.	Other accident and health		138
11.	Total		7,290

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